## P110000041330

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## COVER LETTER

TO: Amendment Section

Division of Corporations 3Q Systems Inc. NAME OF CORPORATION: \_ P11000041330 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIVYA JAWALKAR

Name of Contact Person 3Q Systems Inc. Firm Company Silverbrook 10311 Jacksonville, FL 32256
City/State and Zip Code 39 systems @ gmail · Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Divya Jawalkan 904 309-2878

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation

(			

		UI		
3Q SY	STEMS IN	IC .		
(Name of	Corporation as cur	rently filed with the Flor	ida Dept. of State)	
P11 0000	41330			
	(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	106, Florida Statutes,	this Florida Profit Corpo	ration adopts the fe	ollowing amendment(s) to
A. <u>If amending name, enter the new nan</u>	<u>ie of the corporatio</u>	<u>ы:</u> N/A		The new
name must be distinguishable and contain if "bw.," or Co.," or the designation "Cot "chartered," "professional association," o	p. "Inc." or "Co	". A professional corpo		reviation "Corp.,"
B. Enter new principal office address, if (Principal office address <u>MUST BE A STI</u>		N/A		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O)	N/A			
D. If amending the registered agent and/ new registered agent and/or the new (	registered office ad	dress:	r the name of the	
Name of New Registered Agent		JAWALKAR		
		LVERBROOK	TRAIL	
	<i>(Flori</i>	da street addressi		
New Registered Office Address:	JACKSON	4VILLE	, Florida	32256
		$(Cin)^{\dagger}$		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director little by the first letter of the office little:

 $P = President; V \neq Vice President; \hat{T} = Treasurer; S \neq Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer, CFO = Chief Financial Officer - if an officer/director holds more than one title, list the first letter of each office hold. President, Treasurer, Director would be PTD$ 

Changes should be noted in the following manner: Carrently John Doa is listed as the PSF and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doa. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PT	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Li Change			<u> </u>
Add		. 1 /	
Remove		N/A	<del></del>
2) Change			
Add			
Remove 3 ( Change			
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4) Change			
Add			
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n amendment prov	vides for an exchange, re- nenting the amendment i	classification, o	r cancellatio	n of issued shares	<u>.</u>	
(if not applicable,	indicate N/A)	n not contained	in the amen	amene usen.		
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	17/19					
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
ů	
Effective date <u>if applicable</u> :  (2)	more than 90 days ofter amendment file date)
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta	ect the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the inc action was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	cholders. The number of votes cast for the amendment(s) oval.
	areholders through voting groups. The following statement up entitled to vote separately on the amendmentts):
"The number of votes east for the amenda	ent(s) was/were sufficient for approval
by	<u></u> ."
fvoting	voup)
Dated 01/26/2020	
Signature Ditt	or other officer – if directors or officers have not been
(By a director) presider selected, by an incorpe appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court
DIVY	ed or printed name of person signing)
CTy	ed or printed name of person signing)
PR	SIDENT
	of person signing)