

## **COVER LETTER**

H110001415893

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Customer Experience Strategies, Inc.					
DOCUMENT NU	TUMBER:P11000046990						
The enclosed Artic	eles of Amendment and f	ee are submitted for filing.					
Please return all co	orrespondence concerning	g this matter to the following:					
•	William M. Hammill, II						
		Name of Contact Person					
Driver, McAfee, Peek & Hawthorne, P.L.							
		Firm/ Company ,					
	One Independent Drive, Suite 1200						
Address							
	•	In the smaller Fil. 20000					
		Jacksonville, FL 32202  City/ State and Zip Code					
		•					
<del></del>		ill@northfloridalaw.com sused for future annual report notification)					
For further inform	ation concerning this mat	ter, please call:					
W	iliam M. Hammill	at ( 904 ) 301-1269					
Name	of Contact Person	at ( 904 ) 301-1269  Area Code & Daytime Telephone Number					
Enclosed is a chec	k for the following amou	nt made payable to the Florida Department of State:					
☑ \$35 Filing Fee	343.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address		Street Address					
Amendment Section Division of Corporations		Amendment Section					
P.O. Box 6		Division of Corporations Clifton Building					
1	e, FL 32314	2661 Executive Center Circle					
I 011011100200	, and the transfer of the tran	Tallahassee, FL 32301					

	Articles of Amendment to Articles of Incorporation		
(Name of Corporation as c	of sperience Strategies, Inc. urrently filed with the Florida Der	ot. of State)  TALLATE STATE  TALLATE  TALLATE	
(Document 1) Pursuant to the provisions of section 607, amendment(s) to its Articles of Incorporation  A. If amending name, enter the new name	on:		
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," 'B. Enter new principal office address, if (Principal office address MUST BE A STE	the designation "Corp," "Inc," or professional association," or the association, or the association the association of the asso	"Co". A professional corporation	
D. If amending the registered agent and/new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:			
New Registered Agent's Signature, if cha	(City) inging Registered Agent:	, Florida(Zip Code)	
I hereby accept the appointment as register	ed agent. I am familiar with and ac Signature of New Registered Age		

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Attach add	id title, name, and address of ea itional sheets, if necessary)	ch Officer and/or Director being added:	H1100014158
<u>itle</u>	<u>Name</u>	Address	Type of Action
PSTD	William Brigman	P.O. Box 330800 Atlantic Beach, FL 32233	☑ Add □ Remove
<del></del>			Add Remove
If an ar	nendment provides for an excha ons for implementing the amend ot applicable, indicate N/A)	ange, reclassification, or cancellation of is iment if not contained in the amendment	nged shares. itself:
	or approache, marcare array		4.,

The date of each amendmen	t(s) adoption: May	y 27, 2011		H11000141589 3				
Effective date if applicable:	May 27, 2011		ption is required)					
(no more than 90 days after amendment file date)								
Adoption of Amendment(s)	(CHE	CK ONE)						
The amendment(s) was/we by the shareholders was/w			The number of votes	cast for the amendment(s)				
The amendment(s) was/we must be separately provide				ps. The following statement n the amendment(s):				
"The number of votes	cast for the amond	ment(s) was/	were sufficient for sp	proval				
by		·	**	٠,				
	(voting group)			·				
The amendment(s) was/we action was not required.	ere adopted by the b	oard of direc	tors without sharebol	lder action and sharoholder				
The amendment(s) was/we action was not required.	ere adopted by the i	ncorporators	without shareholder	action and abareholder				
	27, 2011	35	<del>)</del>					
Signature								
selected, by an incorporator - if in the hands of a receiver, trustee, or other court								
app	pointed fiduciary by	that fiducia	y)	•				
		Willia	m Brigman					
	(Тур	ed or printed	name of person signi	ng)				
			Pirector					
•	(Title of	person signit	ıg)					