P12000013944

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SERVICE A	ANSWERS CO.	
DOCUMENT NUMBER: P1200001394		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	•
MICHAEL ANGE		
FLORIDA INCOR	Name of Contact Person	1
	Firm/ Company	
619 CATTLEMEN		E O11
	Address	
SARASOTA FL 3	4232 US	
 	City/ State and Zip Cod	е
ADMIN@FLORIDAIN	ICORPORATO	R COM
	ed for future annual report	
is man address (to be as	ou for future united report	,
For further information concerning this matter, please	e call:	·
MICHAEL ANGELO	at (888	800-9573
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street	Address
Amendment Section		ment Section
Division of Corporations		n of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SERVICE ANSWERS CO.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P12000013944	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable:	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the A."
(Principal office address MUST BE A STREET ADDRESS)	FILED SEEFS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	0: 48 O: 48
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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

P = President; V = Vice President; T = Treasurer; S = 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 held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	VP	BRENT LUTZ	819 CATTLEMEN ROAD SUITE 011
Add Remove			SARASOTA FL 34232 US
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	- · · · · · · · · · · · · · · · · · · ·		

attach addi	or adding additional sheets, if nec	cessary). (Be s	pecific)			
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an amend	lment provides for for implementing	r an exchange, i	reclassification,	or cancellation o	of issued shares,	
	applicable, indicate		11 1101 001111111		<u></u>	
. ,			.			
			.		**	

The date of each amendment(s)	adoption: 05/01/2012
Effective date <u>if applicable</u> :	05/01/2012
<u>nappireabie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 05/01	/2012
Signature	Resol
	director, president or other officer if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
арро	med national for that indicately)
	REGIS BARROS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)