P12000019044

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PAX TECHNOLO	GY INC				
	BER: P12000019044					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	JADE ALLUM					
		Name of Contact Person	n			
	PAX TECHNOLOGY INC					
	Firm/ Company					
	4901 BELFORT ROAD SUITE 130					
		Address				
	JACKSONVILLE, FLORID	A 32256				
		City/ State and Zip Cod	e			
JADI	E.ALLUM@PAX.US					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
JADE ALLUM		904 at (657-4012			
		de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

P12000019044	of Corporation as currently filed with t	he Florida Dept. of State)
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	t Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ume of the corporation:	
		The new
	ation "Corp," "Inc," or "Co". A profe	v," or "incorporated" or the abbreviation essional corporation name must contain the
B. Enter new principal office address,	if applicable:	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	TAL SE
		ARR A
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(muting uturess SIMI DD M POST		
		132
		103.517
D. If amending the registered agent an	d/or registered office address in Florid	a, enter the name of the
new registered agent and/or the new	JADE ALLUM	
Name of New Registered Agent		
	4901 BELFORT ROAD SUITE 130	the state of the s
	(Florida street address)	2025/
New Registered Office Address:	JACKSONVILLE	, Florida 32256
	(City)	(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

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 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	<u> 1 Doe</u>			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	SV Sall	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) X Change	CEO+ P	WUNCHUN "ANDY" CHAU	4901 BELFORT ROAD #130		
Add			JACKSONVILLE, FLORIDA		
Remove			32256		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	INGINEER IS INCCONTAINED IN THE AMERICANET TISEN.
	
* ************************************	
	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)) <u></u>
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	TIC.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	THE PROPERTY OF
Dated 5/4/2017	: D
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Cto + President	
(Title of person signing)	