## P12000036162

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2021 MAR II PM 7:44 SECRETARY OF STATE

n D. H.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cutter Networks In	v.	
	BER: P12000036162		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Sheryl S Rice		
		Name of Contact Person	
	Cutter Networks Inc.		
		Firm/ Company	
	652 Normandy Rd		
		Address	
	Madeira Beach, FL		
		City/ State and Zip Code	
	es@bestdatasource.com		
		sed for future annual report	natification)
	is-man admess. (to be de	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Sheryl S Rice		at ( 727	398-5252
Name of Contact Person		Area Cod	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation

FILED

Cutter Networks Inc.		2	021 MAD
( <u>Name</u>	of Corporation as currer	2) htly filed with the Florida D	Dept. 67 State) PM 7: 44
P12000036162		54	CRETARY OF OF
	(Document Number	of Corporation (if known)	ALLAHASSEE, FI
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The _new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Catartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corporatio	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
C. Patanana and mailtime address of annual	U.s.a.la.la.		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar	nd/or registered office as	ldrace in Flarida, antar tha	name of the
new registered agent and/or the ne			name of the
Name of New Registered Agent	Sheryl S Rice		
	652 Normandy Rd		<del></del>
	<i>(Florida</i>	street address)	<del></del>
No. 10 11 11 11 11 11 11 11 11 11 11 11 11	Madeira Beach		33708
New Registered Office Address;		(City)	, Florida
		•	,
New Registered Agent's Signature, if o	hanging Registered Age	nt:	
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obliga	tions of the position.
	100/6		
	Alas / XXX	Op	
	and the second	Davintura I tamat it'ah musi	
/	j signiture ij ivew	Registered Agent, if changin	rg.
Check if applicable	ı		
☐ The amendment(s) is/are being filed p	oursuant to s. $607.0120$ (1)	i) (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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Mark A Rice	652 Normandy Rd
Add			Madeira Beach, FL
X Remove			(52 Ni
2) X Change	CEO	Sheryl S Rice	652 Normandy Rd
Add			Madeira Beach, FL
Remove 3) Change	<u>S</u>	Ashlee J Rice	3950 SW 20th Ave. Apt 1202
X Add			Gainesville, FL 32607
Remove			
4) Change			
Add			
Remove			
5) Change	····		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
		<u></u>	
		<del>-</del>	
	•		
If an amandment provides for an ex-	hange, reclassification, or cancellation of i	cened charec	
	endment if not contained in the amendmen		
(if not applicable, indicate N/A)			
/A			
<del></del>			
<del></del>			

The date of each amendment(s) adoption date this document was signed.	tion:, if other than the
Effective date if applicable:	
Effective date in approxime.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ch 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)
Dated	tor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
Sł	neryl S Rice
_	(Typed or printed name of person signing)
C	EO .
_	(Title of person signing)