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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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SEGREDARY #F STATE
TALLAHASSEE MI GRIDA

Amend

MAY 1 7 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | D1200002619 | IDE IT SOLUTION | ONS CORP |
|----------------------------|---|--|---|
| The enclosed Articles | of Amendment and fee are si | ubmitted for filing. | |
| Please return all corre | spondence concerning this ma | atter to the following: | |
| | ZILKA BEHRENS | S | |
| | BCG, INC | Name of Contact Perso | on . |
| | 5590 NW 84TH A | Firm/ Company | |
| | DORAL, FL 3316 | Address | |
| | | City/ State and Zip Cod | le |
| ZB | EHRENS@BCG1 | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| ZILKA BEHR | RENS | at (305 | , 401-2151 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 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) |
| C Ame Dity D 20 P.O. | ling Address Indinent Section Sion of Corporations Box 6327 Inassee, FL 32314 | Amend Divisio Clifton 2661 E | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2012

ZILKA BEHRENS BCG, INC. 5590 NW 84TH AVENUE DORAL, FL 33166

SUBJECT: NATIONWIDE IT SOLUTIONS CORP

Ref. Number: P12000036180

We have received your document for NATIONWIDE IT SOLUTIONS CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 712A00013227

RECEIVED

UFFARITHENING STATE

MASION OF CORPORATIONS

2012 NAY 11 AM 8 45

TO ACHIOWEEDER

SHERICHICO OF FIELDS

Articles of Amendment to Articles of Incorporation of

FILED 12 MAY | | AM 9: 49 SECRETARY AF STATE TALLAHASSEE PLORIDA

NATIONWIDE IT SOLUTIONS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

| P12000036180 | | , | | |
|--|------------------|-------------------------|---|---------------------------------------|
| (Document Number of C | Corporation (if | known) | | • |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this F | lorida Profit Corporat | ion adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the cor | poration: | • | | |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ac | ' "Inc, " or "C | o". A professional co | corporated" or the aborporation name must c | The new obreviation contain the |
| B. Enter new principal office address, if applicable: | | | | |
| (Principal office address <u>MUST BE A STREET ADDR</u> | RESS) | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 71 | | | |
| (Mauing address <u>MAY BE A POST OFFICE BOX</u> |) | | | |
| | | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | ss in Florida, enter th | e name of the | |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida stree | | | |
| New Registered Office Address: | (City) | , Fic | orida(Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It is | | th and accept the oblig | ations of the position. | |
| Signature of New | Registered Ag | ent, 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:

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

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) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change Add Remove | VP | FERNANDO ORUE | 1080 NW 145 TERR, MIAMI, FL 33168 |
| 2) Change Add Remove | <u></u> | | · · · · · · · · · · · · · · · · · · · |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | ; | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| If amending or adding additional Artic (attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| The date of each amendment(s) adoption: 04/24/2012 | |
|--|---|
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| | roved by the shareholders through voting groups. The following statement 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) |
| action was not required. The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated 04/23/2 | 1-873 |
| | ector, 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 |
| , | ed fiduciary by that fiduciary) |
| ., | CESAR E BEHRENS |
| - | (Typed or printed name of person signing) |
| | |
| <u>-</u> | PRESIDENT |
| | (Title of person signing) |