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(Cit	y/State/Zip/Phone	> #)
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COVER LETTER

TO: Amendment Section

Division of Corporations $ilde{ t left} ilde{ t OF CORPORATION:}$ **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual re For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ₩ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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Articles of I	ncorporation
^ · · · · ·	
Decopoint Po	S. Inc.
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
PID amo	0 44 606
	of Corporation (if known)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
s Articles of Incorporation:	-
A. If amending name, enter the new name of the corporation:	
DATA DATATOR TO	
DAIATOLITOS, ITC.	The new
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	ion, "company, or "incorporated or the abbreviation" "Co" 4 professional corporation name must contain the
ord "chartered," "professional association," or the abbreviation	
	5027 River Point CT
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
The spice dualess in the first the first the spice of the	New PORt Riday, FL 34653
	-77-
Enter new mailing address, if applicable:	7142016 D. 1 ACU
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1113 State Rober 1737
	#113
	NAU BARRAWIT 5465
	THEW PUT NEW JET STOP
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Paristaned Apart	r F. Tahh
Name of New Registered Agent KYW	1 10: 11: 12 12 13 14 15 17 3/11
7143 Sale Ku	HSY #117, New Authority, FL3165 Circle address) Florida 34653 (City) (Zip Code)
(Florida s	street address)
New Registered Office Address: Qw Port	Richaey Florida 34653
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
hereby accept the appointment as registered agent. I am familiai	r with and accept the obligations of the position

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.

	z, ana sany smin, sv as an saa.
Example: X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	SV Sally Smith
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Address</u>
1)Change	PD Ryan F. Tabb SOZT River Point CT New Post River, FZ 3465
Remove	
2) Change	PD David A. DeCoury 140 Island very #171
AddRemove	Clearader Beach, FL 3376
3) Change	
Remove	
4) Change	
Add	
5) Change	
Add Remove	
6) Change	
Add	
Remove	

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
E. If an annual many annual design and the second s
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
Λ / A

The date of each amendment(s) adoption:	, if other than
date this document was signed. Effective date <u>if applicable</u> : 8 - 30-2019	
(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 document's effective date on the Department of State's records.	date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ıt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voiing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8-30-2019	
Dated	
(By a director, president or other officer – if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
Ryan Talab	
(Typed or printed name of person signing)	<u>. </u>
President, Director.	
(Title of person signing)	

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the