P'1200064623

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
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SECRETARY OF STATE
TALLAR SSEE, TORIDA

APR - 3 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporation				
NAME OF CODPOR	ATION, KBA SOLU	TIONS INC		
	NAME OF CORPORATION: KBA SOLUTIONS INC DOCUMENT NUMBER: P12000064623			
DOCUMENT NUME	SER:	· ··		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	KEILA VINDEL			
		Name of Contact Persor	1	
	KBA SOLUTION			
	CO1C N DDEVAD	Firm/ Company		
	6916 N BREVARD AVE			
TAMPA FL 33604				
		City/ State and Zip Code	e	
KB	ASOLUTIONSING	C04@GMAIL.CC	M	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KEILA VINDE	ΞL	at (813	, 415-9739	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



14 MAY 27 PM 4: 06

KBA SOLUTIONS INC

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
P12000064623	<u> </u>	,	
(Documen	t Number of Corporation (if I	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	<i>lorida Profit Corporation</i> adop	ts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	o". A professional corporatio	
		SAME	
	B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
			
			<u>.</u>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		SAME	
(maining address <u>MAT DE ATOST</u>	TICE BUA)		
			
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name o	of the
	SAME		
Name of New Registered Agent			
	(Florida stree	n address)	
New Registered Office Address:	SAME	, Florida	
Men Regimered Office Hadress.	(City)	. i fortua	(Zip Code)
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent Lam familiar wi	th and accept the obligations o	the position.
Sij	gnature of New Registered Ag	gent, 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: XChange	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	ADALID A VINDEL	1214 AUTUMN DR
Add	۸	2	TAMPA FL 33613
Remove	Adolid	A Vindel	
2) Change		<u></u>	
∧dd			
Remove			
3) Change			
Add			
Remove			
4) Change			
☐ ∧dd			
Remove			
5) Change			
Add		_	
Remove			
 1			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
<u> </u>	
If an amendment provides for an exch	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	enament is not committed in the nutrelianism users.
<u> </u>	
	.

The date of each amendment(s) ac	doption: 03/24/2014	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required. Dated 3/2	opted by the incorporators without shareholder action and shareholder	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Gri Sident	<u></u>
	(Title of person signing)	