P12000066375

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SECRETARY OF STATES
TALL AHASSEE, FLORID

FILED

C. LEWIS

MAY 13 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BayPoint Solutions, Inc. DOCUMENT NUMBER: P12000066375 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sommer Wolfe Name of Contact Person **BayPoint Solutions** Firm/ Company 1647 Canopy Oaks Blvd Address Palm Harbor, FL 34683 City/ State and Zip Code info@baypoint365.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ($\frac{727}{\text{Area Code}}$) $\frac{394\text{-}4717}{\text{& Daytime Telephone Number}}$ Sommer Wolfe Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 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

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

14 MAY -1 PM 3: 47

SECRETARY OF STATE TALLAHASSEE, BLORIDA

BayPoint Solutions, Inc.			TALLAHAS	SEE, ALOHAU
(Name of Corporation as currently fi	led with the F	lorida Dept. of State)		-
P12000066375				
(Document Number of	Corporation (i	if known)	·	-
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this	Florida Profit Corporation	adopts the following	g amendment(s
A. If amending name, enter the new name of the co	orporation:			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "	'Co". A professional corpo	porated" or the a pration name must	- bbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		NA		-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u>)	NIA		-
D. If amending the registered agent and/or register new registered agent and/or the new registered			ame of the	-
Name of New Registered Agent	IA		_	
	(Florida sti	reet address)		
New Registered Office Address:		, Floric	la	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			ana of the position	
i nevery accept the appointment as registered agent.	i um jumiliar	<i>чин ана ассері іне обидан</i> е	тs ој те posmon.	
Signature of N	Pagistanad	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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	<u>Mike Jones</u>	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>coo</u>	Matthew Wolfe	1647 Canopy Oaks Blvd
Add			Palm Harbor, FL 34683
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an ame	ndment prov	<u>vides for an e</u>	<u>xchange, re</u>	<u>classificati</u>	n, or cance	ellation of	issued sha	res,
<u>provisio</u>	<u>ns for impler</u>	menting the a	mendment	<u>if not conta</u>	<u>ined in the</u>	<u>amendme</u> i	nt itself:	
(if n	ot applicable	, indicate N/A)					
N	IA							
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	n: 14 MAY -1 PM 3: 47	
The date of each amendment(s) adoption date this document was signed.	n: 14 (14)	, if other than the
-	SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated 4/21/2014		
Signature	mer Walk	
selected, by a	, president or other officer - if directors or officers have not been n incorporator - if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
Som	mer Wolfe	
	(Typed or printed name of person signing)	
Pres	ident	
	(Title of person signing)	_