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SECRETARY OF STATE OF VISION OF CORPORATION

0/13/19

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Gordon Blair Campbe	ll .	
APPLI,INC	Name of Contact Person	1
6434 1st Avenue N	Firm/ Company	
Saint Petersburg, FL	Address 33710	
<del></del>	City/ State and Zip Cod	e
blair@applionline.com		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Gordon Blair Campbell	727 at (	873-3912
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

APPLI, INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State) 15 FEB 10- AH 10: 35
(Document Number of Corporation (if I	<u>097797</u> known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the projectional areas of the delication of the state o	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	
Signature of New Registered Ag	lent, 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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					<del></del>
Remove					
2) Change		_			
Add					
Remove				•	
3) Change		_			
Add					
Remove			•		
4) Change		_			
Add					
Remove					
5) Change		<del></del>	····		
Add					
Remove					
6) Change					
Add		_			
Remove					

Attach additional sheets, if necessary).	(Be specific)
•	
	,
-	
f an amendment provides for an eyel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ansfer of 50 shares from Gord	on Blair Campbell to Kimberly Lynn Campbell
<del></del>	

The date of each amount (a	February 4, 2015		e e rat	Carlery than the
The date of each amendment(s date this document was signed.	adoption:	SECR	ETARY OF SIGHT	f other than the
	ebruary 4, 2015	DIVISION	OF CURPORATION	
Effective date if applicable:	•	, , , , , , , , , , , , , , , , , , ,	<del>в то ви Ю: 3</del> 5	
	(no more than 90 da	iys after amendment fil <b>e5</b> lat <b>e</b> )	D 10 Millo 00	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The nur e sufficient for approval.	nber of votes cast for the ame	ndment(s)	
	approved by the shareholders through for each voting group entitled to vote			
"The number of votes of	ast for the amendment(s) was/were su	fficient for approval		
by		,,,		
	(voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors with	nout shareholder action and sh	nareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without	shareholder action and shareh	older	
Dated Signature	Hala			
sele	adfrector, president or other officer- eted, by an incorporator – if in the ha- pinted fiduciary by that fiduciary)			
	Gordon Blair Campbell			
	(Typed or print	ed name of person signing)		
	Owner			
	(Title o	f person signing)		