11/20/2014

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000270359 3)))



H140002703593ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## **FUSION DYNAMICS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

NOV 21 2014'

<del>ऻऻढ़ॼॹऄॏ**ॾ**ढ़</del>ॿ

Electronic Filing Menu

Corporate Filing Menu

NOV FIEDRILL

T. CARTER

FILE D002/005 SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 NOV 20 AM II: 20

Articles of Amendment Articles of Incorporation (Name of Cornoration as currently filed with the Florids Dept. of State) P13000014927 (Document Number of Corporation (if known) Purment to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chargesed." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicables: (Principal office address MUST BE A STREET ADDRESS) C. Kuter new malting address. If anolicable: (Mailing address MAY RE A POST OFFICE BOX) D. If amending the resistered agent and/or registered office address to Florida, enter the name of the new registered neems and/or the new registered office address: Name of New Restriered Agent (Florida street address) New Registered Office Address. Florida (Tto Code) New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

Removo

address of each Officer (Attach additional sheets, Please note the officer/dh P = President; V = Vice I Ecocutive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones leakilke Jones, V as Remove	und/or D  y necess rector title President Chief I r, Directo to the for	itrector in tary) le by the fi i; T= Tre Viruncial or would is slowing m orporatio	wing added: livet letter of the office assurer; S= Secretary; Officer. If an officen be PTD. namer. Currently Joh m, Sally Smith is name	title: D≈ Director; TR= Tri /director holds more th v Doe is listed as the P	tirector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief ian one title, list the first letter of each affice ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change	PI	John Do	<u>×</u>		
X Remove	¥	Mike Io	711ES	•	
_X Add	2Ã	Sally St	nith		
Type of Action (Check One)	Title		Name		Address
1) Change	P	-	Susama	Lewis	13727 SW 1575
Add					Manny PL 33177
Remove				,	
2)Change		_		<del></del>	
Add					
Remove					
3)Change	<del></del>	<del>-</del>			
Add					
Remove					
4) Change		<del>-</del> -			**************************************
Add					
Remove					*
5) Change					
Add					
Remove					
6) Change		<del>-</del>			
Add					

Page 2 of 4

<u></u> (A	emending or adding addid tisch additional sheets, if no	pps: arques, en cessary). (Be s	pecific)	THEFF.		
			<u></u>			
				<del>. , , , , , , , , , , , , , , , , , , ,</del>		
•						
					· <u> · · · · · · · · · · · · · · · ·</u>	
				<del></del>		
_						
				<u> </u>		
_	<del></del>					
_				<del>.</del> -		
	·	·				
_						
T T	en amendment provides for provident for implementing (If not applicable, indica-	T an exchange f the superdinant to N/A)	selaraification til vos cousai	n, or cancellation ned in the amous	of byued shar iment itself:	esi,
			<del> </del>	<del> </del>		
_		<del></del>				
_						
_						•
_						·

The date of each amendment(s) adoption: 11-20-2014	· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:	APP A
(no more than H days after amendmen	Lite date)
Adoption of Amendment(s) (CRECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east by the shareholders was/were sufficient for approval.	or the amendment(*)
The amendment(s) was/were approved by the shareholders through voting groups. If must be separately provided for each voting group entitled to vote separately on the	
"The number of votes east for the amendment(s) was/were sufficient for approve	il en
by (voting group)	." _'
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated //-20-2014	/. o.u.s
(By a director, president or their officer – if directors or officer – if directors or officer – if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing	1 LEWIS
_	_
(Title of person signing)	=1