P1300064537

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COVER LETTER

TO: Amendment Section Division of Corporations VT-TECHNOLOGY CORP NAME 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: YANN DIB Name of Contact Person VT-TECHNOLOGY CORP Firm/Company 100 N BISCAYNE BLVD, SUITE 500 Address MIAMI, FL, 33132 City/ State and Zip Code osureau@jade-associates.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olivier SUREAU Name of Contact Person Area Code & 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 & □\$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 Tallahassec, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



VT-TECHNOLOGY CORP

VI-TECHNOLOGI CORP		ALL STATE OF THE S
(Name of Corporation as currently P13000069537	filed with the Florida Dept. of State)	LALL AND SEE, PLORID,
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new name of the I.T. INTELLIGENCE TECHNOLOGY C		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or ti	orp," "Inc," or "Co". A professional co	corporated" or the abbreviation rporation name must contain the
B. <u>Enter new principal office address. If applical</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new register		e name of the
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registered Office Address:	F)	orida
TO THE SOLUTION OF THE PARTY OF	(City)	(Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	t. I am familiar with and accept the oblig	vations of the position.
Signature of	New Registered 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	PT	John Doe	2	
X Remove	¥	Mike Jor	nes	
X Add	<u>\$V</u>	Sally Sm	ith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		and the state of t
Add				•
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				***************************************
5) Change				
Add		_		
Remove				
6) Change				
Add				<u> </u>
Pemove				

tach addit	or adding additional Ar onal sheets, if necessary,). (Be specific)		
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rovisions	ment provides for an ex for implementing the an applicable, indicate N/A)	<u>mendment if no</u>	ification, or can t contained in th	cellation of issued te amendment itse	shares. If:
					<u>, , , , , , , , , , , , , , , , , , , </u>
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The date of each amendment(s) add	ption:	, 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)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by	21	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated		
Signature		
	ector, president or other officer - if directors or officers have not been	
	by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
`	fann DIB	
-	(Typed or printed name of person signing)	
	CEO	
-	(Title of nercon signing)	

. . . .

14 HAY -8 AM 8: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA