## P13000074030

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

C. LEWIS O 2013

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations 3D DIGIMAP CORP. NAME OF CORPORATION: P1300007403D DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BAINS J. HINDS
Name of Contact Person DIGIMAP CORP.

Firm/ Company SHADOW CREEK ROAD BAINSHINDS 2 CHOTMATL · COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BAINS J. HINDS at (56) 541 0754

Area Code & Daytime Telephone Number 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

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

FIL.ED

3D DIGIMAP CORF	<b>.</b>	13 SEP 23	PM 4: 59
(Name of Corporation as currently filed with the Flo	TA	SECRETARY NLLAHASSE	OF STATE E. FLORIDA
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this $\boldsymbol{F}$ its Articles of Incorporation:	Florida Profit Corporation ad	opts the followi	ng amendment(s) t
A. If amending name, enter the new name of the corporation:			
30 DIGIMAP. INC.			The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	Co". A professional corpora		
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	<i>N/A</i>		<del></del>
	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- N/A		interes.
	N/A		<del></del>
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the nam	e of the	
Name of New Registered Agent N	A		
New Registered Office Address: (Florida stre	et address) , Florida	N/N	_
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	ith and account the ables of second	n afélia manisir	
I hereby accept the appointment as registered agent. I am familiar w		х ој тне posmon.	
Signature of New Registered 4	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:

(Attack additional sheets, if necessary)

Example:

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 vorporation, 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	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	N/A
Add			
Remove			
2) Change	,	_ N/A	N/A
Add			
Remove		01/4	
3) Change		_ N/A	<i>N /</i> A
Add			
Remove			
4) Change		N/N	<i>N / \</i>
Add			
Remove			***************************************
5) Change		N/A	N/A
Add			grand and a grand
Remove			AR. LABORATOR ASSESSMENT OF THE STATE OF THE
6) Change		N/A	x/X
Add			
Remove			

Attach additional	adding additional Artical sheets, if necessary).	icles, enter change(s) (Be specific)	<u>here</u> :		
		λ/ /			
V		<del>//</del> //			
		- / N			
		,			<u></u>
<u>f an amendme</u> provisions for	nt provides for an exch implementing the ame	<u>lange, reclassification</u> ndment if not contai	<u>s, or cancellation o</u> ned in the amendm	<u>f issued shares,</u> ent itself:	
(if not appl	licable, indicate N/A)				
· · · · · · · · · · · · · · · · · · ·					
		A1 /			
		/\/\X			

The date of each amendment(s) adoption:	N/A		frifother than the
date this document was signed.  Effective date <u>if applicable</u> :	W/A	13 SEP 23	_PM 4: 59
	(no more than 90 days after amendment fi	le dateBECRETARY TALLAHASSEE	ÜF STATE
Adoption of Amendment(s)	CHECK ONE)		ОПОД
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes cast for approval.	the amendment(s)	
	the shareholders through voting groups. The fing group entitled to vote separately on the am		
"The number of votes cast for the an	nendment(s) was/were sufficient for approval		
by	N/A		
6	voting group)		
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder actio	n and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and	d shareholder	
Dated 09/19/1	٦		
Signature .	1/2 d		
	esident or other officer – if directors or officer		
	ncorporator — if in the hands of a receiver, trust ary by that fiduciary)	ee, or other court	
	BAINS HINDS		
	(Typed or printed name of person sign	 ning)	<del></del>
	PRESIDENT		
	(Title of person signing)		