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R. WHATE

COVER LETTER

TO: Amendment Section

Division of Corpor	ations	
NAME OF CORPORA	ATION: WEBS	TRCE, [NC.
DOCUMENT NUMBE	cr: 713 C	100081767
The enclosed Articles of	Amendment and fee are su	bmitted for filing.
Please return all corresp	ondence concerning this ma	tter to the following:
	\mathcal{L}	PAVID WILLIAMS
_		Name of Contact Person
	l	VEBFORC DIGITAL
_		Firm/ Company
	S813	5 CONNOT WINDEMMENE RD #667
		Address
		UNLANDO, FL 32835
	1	City/ State and Zip Code
	d	bw 9495@gmail.com
_		sed for future annual report notification)
For further information	concerning this matter, pleas	se call:
DAVID	WILLIAMS	at (407) 222-9949 Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations dox 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

1001 F To.	.	24.2077	23 7112:1.7	
web force, In		with the Florida Dept	12:1.7	
			, of State)	
	00008			
(Docume	ent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporation ad	lopts the following ar	nendment(s) t
A. If amending name, enter the new name of the cor	rporation:			
WEBFORCE DI	GITAL	INC.	Th	
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "compan or "Co". A profe	y," or "incorporated"	or the abbreviation "	Corp. "
B. Enter new principal office address, if applicable:		·		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)			
				
	-		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>			
		<u> </u>		
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the nar	ne of the	
Name of New Registered Agent			····	
 -	(Florida street addr	ess)		
Non-Bunistand Office Address			. Florida	
New Registered Office Address:	(City)		, riorida <u>(</u> Zip Code	
	·			
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered agent. I	am familiar with and	l accept the obligation	s of the position.	
Signet	ture of New Registere	od Agent if changing		
Signal	im o ig 1100 negatere	a rigora, y cinaiging		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	,				
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	<u></u>	<u></u>			
				·····	

			<u>.</u>		
	·				
an amendment provides for an excl	hanga raalassifiaa	tion or concellati	on of issued she	Por	
provisions for implementing the ame	ndment if not con	tained in the ame	endment itself:	165,	
(if not applicable, indicate N/A)					
					<u> </u>

•

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	ı
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	."	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated3 -	12-20 Darhllumi	
Signature	()and Illemai	
(By a din selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	DAVID B. WILLIAMS	
	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	