<u>P13m95209</u>

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R. WHITE

COVER LETTER

TO:	Amend	ment Section
	Divisio	n of Corporations

NAME OF CORPO	_{RATION:} Projectee	r, Inc.	
DOCUMENT NUM	BER: P130000952	209	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kathryn S Qua	as	
	Projecteer, Inc		1
	13542 Avista D	Firm/ Company)r	
	Tampa, FL 33	Address 524 City/ State and Zip Code	e
<u>ka</u>	thryn@projecte E-mail address: (to be us		
For further information	on concerning this matter, pleas	se call:	
Kathryn S.	Quaas	_{at (} 813	<u>244-1619</u>
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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Projecteer, Inc.		了。自己是是是	(IF STATE	
(Name of Corporation as currently	filed with the Florida I	Dept. of State) All AUSE	H, FLOHIDA	
P13000095209		29	****	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida	Profit Corporation adop	ots the following a	mendment(s)
A. If amending name, enter the new name of the	corporation:			
			T	he new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		Torida, enter the name	of the	
Name of New Registered Agent		·		
	(Florida street addre			
New Registered Office Address:		. Florida		
Now Magazine W Oppos Manages.	(City)	, riorida	(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		l accept the obligations o	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 àdditional 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PS	Michael S. Quaas	13542 Avista Dr.
Add			Tampa, FL 33624
Remove			
2) Change	VT	Kathryn S. Quaas	13542 Avista Dr.
Add			Tampa, FL. 33624
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional si	ling additional Ar heets, if necessary).	(Be specific)			
<u>.</u> .					·· ·	
						
						
	· · ·			<u>. </u>		
<u> </u>						
an amendment p	provides for an exc	change, reclas	sification, or ca	ncellation of i	ssued shares,	
rovisions for im	plementing the am	endment if no	t contained in	the amendmen	t itself:	
(if not applica	ble, indicate N/A)					
	 					

The date of each amendment(s) adoption:	, 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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 17/1/4 Signature /// // // // // // // // // // // // /	<u>.</u>
(By director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Michael S. Quare (Typed or printed name of person signing)	<u> </u>
Michael S. Quart (Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	