P14000004594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000263708900

09/02/14--01010--011 **35.00

Amond. 38

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GLANCECONNECT, INC.					
DOCUMENT NUMBER: P14000004594					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Matthew Welker	_				
Name of Contact Person					
Walk Law Firm, PA					
Firm/ Company	-				
102 W. Whiting Street, Suite 502					
Address	-				
Tampa, FL 33602					
City/ State and Zip Code					
City/ State and Elp Code					
mwelker@walklawfirm.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Matthew Welker					
Name of Contact Person Area Code & Daytime Telephone Number	er				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Sas Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Sas Filing Fee & Certified Copy (Additional Copy is enclosed) Sas Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GLANCECONNECT, INC.		
(Name of Corporation as currently filed with the Florida Dept. of State)	_	
P14000004594	_	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng amendme	ent(s) to
A. If amending name, enter the new name of the corporation:		
	_The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must word "chartered." "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_	
	-	
	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	
	- 1	
	- 0	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	, Ö	777
new registered agent and/or the new registered office address:	-2	<u> </u>
Name of New Registered Agent		C
	. <u></u> ယှ	
(Florida street address)	: G	
New Registered Office Address: , Florida,		
(City) (Zip 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.		
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 <math>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> <u>Joh</u>	n_Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P, T</u>	Borkowski, Piotr	6118 Yeats Manor Dr
Add			Tampa, FL 33616
Remove			
2) Change	<u>S, D</u>	Borkowski, Piotr	6118 Yeats Manor Dr
Add			Tampa, FL 33616
Remove			
3) Change	P, T	Borkowski, Debi	6118 Yeats Manor Dr
Add			Tampa, FL 33616
Remove			
4) Change	S, D	Borkowski, Debi	6118 Yeats Manor Dr
✓ Add			Tampa, FL 33616
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Be specific)	e(s) here:		
				
				
		-		
			 	
				
			<u> </u>	
f an amendment provides for an excl provisions for implementing the ame	hange, reclassifica	tion, or cancella	tion of issued sha	nres,
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica endment if not con	ition, or cancella itained in the am	ion of issued sha endment itself:	nres.
provisions for implementing the ame	nange, reclassifica endment if not con	ition, or cancella itained in the am	ion <u>of iss</u> ued sha endment itse <u>lf:</u>	nres,
provisions for implementing the ame	nange, reclassifica endment if not con	tion, or cancella tained in the am	ion of issued sha endment itself:	ores.
provisions for implementing the ame	hange, reclassifica endment if not con	ition, or cancella itained in the am	ion of issued sha endment itself:	ares.
provisions for implementing the ame	nange, reclassifica indment if not con	tion, or cancella tained in the am	ion of issued sha endment itself:	ores.
provisions for implementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	ion of issued sha endment itself:	ires,
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifics endment if not con	tion, or cancella tained in the am	ion <u>of iss</u> ued sha endment itself:	ires.
provisions for implementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	ion of issued sha endment itself:	nres,
provisions for implementing the ame	hange, reclassifica endment if not con	tion, or cancella tained in the am	tion of issued sha endment itself:	ores.
provisions for implementing the ame	hange, reclassifica endment if not con	tion, or cancella	tion of issued sha endment itself:	nres.

The date of each amendment(s) ad	loption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedA	Borkowsh	
Signature	Borkowsh	
	irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	Debi Borkowski	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) President (Title of person signing)	
	(Title of person signing)	