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EXEL PARTICINATION
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C. GOLDEN SEP - 5 2017

COVER LETTER

TO: Amendment Section

Division of Corporatio	ns			
NAME OF CORPORATI	on: Data N	 INJ/	AS, INC.	
DOCUMENT NUMBER:	P140000437	6		
The enclosed Articles of An	nendment and fee	are su	ubmitted for filing.	
Please return all correspond	ence concerning th	lis ma I	atter to the following:	
	ANDRE LA	j WT0	ON	
	DATA NINJ	AS.	Name of Contact Perso INC.	n
	13891 JETP	ORT	Firm/ Company T LOOP ROAD., STE	2
	FORT MYE	ERS.	Address FL 33913	
		<u>-</u>	City/ State and Zip Cod	С
		l	ICALHTS.COM	
	E-mail address: (to	be u	sed for future annual report	notification)
For further information cond	cerning this matter	 plea: 	se call:	
ANDRE LAWTO	N	<u> </u>	at (_239	_)745-1514
Name of Cor	ntact Person	ľ	Атеа Со	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount r	nade 	payable to the Florida Depa	artment of State:
	□\$43.75 Filing Fe Certificate of Sta		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	nt Section of Corporations		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

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DAT	A NINJAS, INC.		
(Name of C	orporation as current	ly filed with the Florid	a Dept. of State)
P1400	00043763		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corpora	tion adopts the following amendment(s)
A. If amending name, enter the new name	of the corporation:		
NIA	l		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	n "Corp." "Inc." or	"Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if ap	 pplicable:	NA	
(Principal office address MUST BE A STRE			
		-	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		MA	
	1		
	i		
D. If amending the registered agent and/or	 r registered office add	ress in Florida, enter th	ne name of the
new registered agent and/or the new re			
Name of New Registered Agent _ \(\bar{V}\)	VIA		
	(Florida st	reet address)	
Variable Description of Control of Control	ı		eri
New Registered Office Address:		(City)	, Florida (Zip Code)
	1		
	' 1		
New Registered Agent's Signature, if chang	ging Registered Agent	<u>ı:</u>	
I hereby accept the appointment as registered	i ageni. Tam jamular 	with and accept the oblig	gations of the position.
NA			
	Signature of New I	Registered Agent, if chan	ging

address of each Officer (Attach additional sheets Please note the officer/dt P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or I. i, if neces, irector tit Presiden = Chief er, Direct d in the fo	Director being sary)	g added: letter of the office title: rer; S= Secretary; D= Director; TR= Ti licer. If an officer/director holds more to PTD. ner. Currently John Doe is listed as the i Sally Smith is named the V and S. These s	director being removed and title, name, and rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	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>N</u> s	<u>ame</u>	<u>Addres</u> s
1) Change Add Remove	7	_	idre Lawton	13891 Jetport Loop Ste 2 Ft. Myers, Fl 33913
2) Change Add Remove	D		Frank Carroll	
3) Change Add Remove	V		auriano Rivera	13891 Jetport Loop Ste 2 Ft. Myers, Fl 33913
4) Change Add	1	2	nawn Peer	13891 Tetport Loop Ste? Ft. Myers, Fl 33913
Change Add Remove	<u>S</u>	_ B	njamin Rodriguez	13891 Tetpart Loop Ste 2 Ft. Myers, FL 33913
6) Change				

____ Remove

E. <u>If amending or adding additional Arti</u>	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
E. If an amandment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	11

The date of each amendment(s) adoption:	, if other than
Effective date if applicable:	
Effective date it applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as of State's records.
Adoption of Amendment(s) (C	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the amendment(s)
	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the am	 endment(s) was/were sufficient for approval
by	oling group)
(v	oʻting group)
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder
selected, by an in appointed fiducia	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary) (Typed or printed name of person signing) (Title of person signing)
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