P1400050340

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SECULIARY OF STATE
DIVISION OF CHEBRATION

C. LEWIS

AUG 1 4 2014

EXAMMER

COVER LETTER

TO: Amendment Section

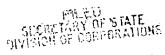
Division of Corporations NAME OF CORPORATION: The Business Toolbox, Inc. DOCUMENT NUMBER: P14000050340 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Yaun Name of Contact Person The Business Toolbox, Inc. Firm/Company 480 Deer Run Address Monticello, FL 32344 City/ State and Zip Code shelley.yaun@pqsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850 997-3100 Area Code & Daytime Telephone Number Shelley Yaun Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & ■\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing 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



The Business Toolbox, Inc.

14 AUG -4 PM 1: 13

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)		
P140000503 \$ 40				
(Documer	nt Number of Corporation (if l	known)		•
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
Business Tool Builders, I	nc.			The new
name must be distinguishable and con: "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporati	ated" or the all ion name must o	bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	Not applicable		-
	,			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	Not applicable		-
				. -
D. If amending the registered agent an		ss in Florida, enter the name	of the	
new registered agent and/or the new				
Name of New Registered Agent	Not applicable			
	771			
	(Florida stree	t adaress)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	-
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wi		of the position.	
	4 gnature of New Registered Ag	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:

(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 Do	<u>oe</u>			
X Remove	Y	Mike Jo	nes	t		
X Add	<u>sv</u>	Saily Sn		NA		
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s
1) Change						
Add Remove						
2) Change Add		_				
Remove						
3) Change		-		<u> </u>	_	
Remove						
4) Change						
Add						
Remove						
5) Change						
Remove						
6) Change		<u> </u>			_	
Add						· ·
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The Business Toolbox, Inc. will be struck everywhere it appears in the articles of
incorporation and the new name - Business Tool Builders, Inc. will be added
Currently "The Business Toolbox, Inc." occurs twice in the Articles, once as a title
and a second time after the following words: "The name of the corporation is:"
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) adoption: Not applicable, please use the date signed	, if other than the		
date this document was signed.			
Effective date if applicable: Not 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)			
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.	14 AUG -4		
Pered 7/31/14	1 723		
Signature AND Signature	TOP SHAPER		
(By a 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)	- 1:13		
Shelley Yaun			
(Typed or printed name of person signing)			
Director			
(Title of person signing)	_		

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