## P14000072062

. (Re	equestor's Name)	
(Ac	Idress)	
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(Ci	ty/State/Zip/Phone	- 40
(CI	ty/State/Zip/Phone	<b>₹</b> #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Retail Intel, Inc		
	BER: P14000072062		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Robert Schafer		
		Name of Contact Person	1
	Retail Intel, Inc.		
		Firm/ Company	
	2015 S.W. 43rd Place		
		Address	
	Ocala, FL 34471		
		City/ State and Zip Code	2
bob@	gretailnxi.com		
	=	ed for future annual report	notification)
	•	•	•
For further information	n concerning this matter, pleas	e call:	
Robert Schafer		at ( <sup>352</sup>	804-3793
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Retail NXI, Inc.

## (Name of Corporation as currently filed with the Florida Dept. of State)

P14000072062	Trentry inca with the Florida Depti of State)
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
Retail Report, Inc.	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NT/A
	<u>N/A</u>
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent N/A	
(Flor	rida street address)
N/A	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fam	
I nereby accept the appointment as registered agent. I am jam	ntitar with and accept the obligations of the position.
4004	
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 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or addin- (Attach additional shee	g additional Article	e <mark>s, enter change(s</mark> Be specific)	<u>) here</u> :		
N/A	is, ij necessaryj.	ве ѕресіліс)			
N/A					
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E If an amountment must	uidaa fan an araban	aa maalaasiGaatis		n of icenad abou	
F. If an amendment pro- provisions for imple	<u>menting the amendi</u>	ment if not conta	ined in the amen	idment itself:	<u>cs.</u>
(if not applicable	, indicate N/A)				
N/A					
	<del>.</del>			· · · -	
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			· . <del>-</del>		
			<del></del>		
		<u> </u>			

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	•	
	ctober 13, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	i)
	pproved by the shareholders through voting groups. The following statemed or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated /D	/13/16	
/ Signature	Rbotheller	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	ι
	Robert Schafer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	