P14000085060

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COVER LETTER

TO: Amendment Sec Division of Cor				SEUNIS
NAME OF CORPO	DuPont B	usiness Solut	ions, Inc.	358
DOCUMENT NUM	P1400085	060		_ 기다 - 기다
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		発生
Please return all corr	espondence concerning this ma	tter to the following:		•
	Stephanie "Sh	ea" DuPont	•	
		Name of Contact Person	n	
	DuPont Busine			
	•	Firm/ Company		
	3010 W. Maso	n Street Apt.	Α	
		Address		
	Tampa, FL 336	529		
		City/ State and Zip Cod	e	
_			•	
sh	ieadupont@gma	ail.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Shea DuPont		_{at (} 813	309-2288	
Name	of Contact Person	Area Co	de & Daytime Telephone N	lumber
Enclosed is a check t	for 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		Street	Address	
			Iment Section	
			on of Corporations	
		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

	of	Portuni	Zo =
DuPont Business Sol	lutions, Inc.		SS A TA
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)	(A)
P14000085060			- MAN
(Documen	t Number of Corporation (if k	nown)	7 P. 10
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Polymath Business S	Solutions, Inc.	A	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ation "Corp," "Inc," or "Co	o". A professional corporation na	or the abbreviation
B. Enter new principal office address, i		N/A	
C. Enter new mailing address, if application (Mailing address MAY BE A POST Company) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) d/or registered office addres	N/A s in Florida, enter the name of the	<u>e</u>
·	N/A		
Name of New Registered Agent			
	(Florida street		
New Registered Office Address:	N/A	, Florida N/A	
	(City)	(Zip	Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent. I am familiar wit		position.
Sig	nature of New Registered Age	ent, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove			
3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Permove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(A	th daditional sheets, if necessary). (De specific)		
<u>.</u>			
<u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,		
pro	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
l/A			

The date of each amendment(s) adoption: date this document was signed.	, if other than
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 amend by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(
"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 sha action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated	
Signature (By a director, president or other officer – if directors or officers have no	d have
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Stephane Shew Suran + (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President/Owner	
(Title of person signing)	