# P1400089616

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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: CITATIONICS SCAPET Solutions Inc 14000089616 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: raftraics Us O quail, commail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

## **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **Articles of Amendment**

to
Articles of Incorporation

Craftronics Dealer Solutions	T	
(Name of Corporation as currently filed with th		
D14000089616	e From Depart of State)	
(Document Number of Corporation (	if known)	
•		1
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:	•	
name must be distinguishable and confain the word "corporation," "company		he new
name must be distinguishable and confain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professord "chartered," "professional association," or the abbreviation "P.A."	," or "incorporated" or the abbr ssional corporation name must con	reviation ntain the
B. Enter new principal office address, if applicable:	N/C	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	•	
<del></del>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1910.	
(maning address <u>man be a rosa of the book</u> )	1010	
<del></del>		
D. If amending the registered agent and/or registered office address in Florida	, enter the name of the	
new registered agent and/or the new registered office address:		
. Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:	, Florida	
(City)	(Zip Coa	le)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accep-	t the obligations of the position.	
	<b>=</b>	
Signature of New Registered Ager		amaging .
	ARE NAY	l l
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	ing	
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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 Exècutive 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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> P</u>	Labina Brown	5516 grande Lagoon Co Pensalo14 F1 33507
Add <b>X</b> Remove			Pensalo14 F1 3507
2) Change Add	P	Andrew COAFI	DACE FI 32571
Remove 3) Change Add			
Remove			
4) Change	<del> </del>		<del></del>
Remove			
5) Change			
Add Remove			
6) Change		<del></del>	
Add Remove			

ttach additional sheets, if ne		
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	***************************************	
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an amendment provides for	or an exchange, reclassification, or cancellation of issued shares,	
if not applicable, indica)	the amendment if not contained in the amendment itself: $te(N/4)$	
ty not appliedoic, muleu	W/C	
	$\mathcal{L}\mathcal{C}$	
,		
	<del>-</del>	

date this document was signed.	
Effective date if applicable: 5 10 (no more than 90) days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
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	
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.	
Signature  (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)  Andrew  (Typed or printed name of person signing)  (Title of person signing)	