## P1400090583

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Backfusion, Inc.		
DOCUMENT NUMB	P1400000583		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
_	Alb	ert bullo	
	,,,	Name of Contact Perso	n
-	11- 10	Firm/ Company	
-	150 Kan	e Concours d	MOOR
	Bay	Address  Markor Island A  City/ State and Zip Cod	4. 33/54
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	E-mail address: (to be us	section future annual report	notification)
For further information	concerning this matter, please	se call:	
/	SAR BENNEYE	at (305	) <u>450 397 - 8547</u> de & Daytime Telephone Number
Name o	f Contact Person 0	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
<i>t</i> ° 3	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section sion of Corporations		Iment Section on Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Backfusion, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P14000090583 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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