# P15000049513

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SEGRETARY OF STATE LLAHASSEE, FLORIDA

MAR 23 2016 T. LEMIEUX

#### **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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 Articles of Incorporation**

•	of			
aspear Technology	Inc			
	ntly filed with the Florida Dept. of State)			
01500049573				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
P. Enter new principal office address if applicables	Jose Callada			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	303E CB1 (MOG)			
· · · · · · · · · · · · · · · · · · ·	1801 Misty Morn PL			
	Longwood FL 32779			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	917 Rinehart Road			
(Manning maniess MANI BEAT OFF OFF TOE BOAT)	, , , , , , , , , , , , , , , , , , , ,			
	Lake Mary, FL 32776			
	# 1051			
75 TA 11 11 11 11 11 11 11 11 11 11 11 11 11				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre				
	<del>ies.</del>			
Name of New Registered Agent				
•				
(Florida	street address)			
New Registered Office Address:	, Florida			
	(City) (Zip Code)			
N. B. J. J. A. G. J. B. B. J.				
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia				
	· · · · · · · · · · · · · · · · · · ·			
	PR M III			
Signature of New	Registered Agent, if changing			
	F STA			

## 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.

	E <b>xample:</b> <u>X</u> Change	PT	John Do	<u>e</u>			
	X Remove	<u>v</u>	Mike Jo	nes			
-	X Add	<u>sv</u>	Sally Sn	nith			
1	Type of Action (Check One)	Title		Name		<u>Addres</u> s	
	l) Change	UP	_	Tumul		3340 Red A	
	Add					Ovledo FL32	.7 <b>6</b> 6
	Remove						
2	2) Change	2	<del>-</del>	Jose		1801 misty mo	
	Add					Longwood FL3:	2779
	Remove						
3	3) Change		-				
	Add						
	Remove						
2	1) Change	-	<del>-</del>				
	Add						
	Remove						
5	5) Change		-				
	Add						
	Remove						
(	6) Change		<del></del>		, 		
	Add						
	Remove						

ttach additional sheets, if necessary).	(Be specific)
	<del></del>
	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
51% of Sh	ares are to be issued to o and 49% remain under 1. Same for yoting right
Jose Collad	o and 49% remain under
Vipin Goyal	1. Same for yoting right
, 	J

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	<del></del>
(No more many agree amonament gree auto)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed 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):	ı
"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.	
Dated 3-16-2016	
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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
V P	
(Title of person signing)	