Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001790763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 : (305)591-9448

: (954)753-3447 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN OCS SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUL 2 4 2015

Electronic Filing Menu

Corporate Filing Menu

Help

7/23/2015

Articles of Amendment to

FILER SECRETARY OF STATE DIVISION OF GORPORATIONS

4 :	to ·	-,
•	Articles of Incorporation of	15 JUL 23 AMII: 14
	OCS SOLUTIONS INC	
(Name	of Corporation as currently filed with t	he Florida Dept. of State)
	P15000051869	
	(Document Number of Corporation	(if known)
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this Florida Profi	Corporation adopts the following amendment
If amending name, enter the new n	ame of the cornoration:	
		The new
	ntion," or the abbreviation "P.A."	essional corporation name must contain the
Enter new principal office address, rincipal office address MUST BE A S	If applicable: TREET ADDRESS )	
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appl (Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new	icable: OFFICE BOX	a, enter the name of the
Enter new principal office address, incipal office address MUST BE A S  Enter new mailing address, if appl (Mailing address MAY BE A POST)	icable: OFFICE BOX)  id/or registered office address in Florida w registered office address: Alina T. O' Connor	a, enter the name of the
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appl (Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new	icable: OFFICE BOX  ad/or registered office address in Floridi w registered office address: Alina T. O' Connor  1033 NE 17TH Way Apt 603	a, enter the name of the
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appl (Mailing address MAY BE A POST)  If amending the registered agent an new registered agent and/or the new registere	icable: OFFICE BOX)  id/or registered office address in Florida w registered office address: Alina T. O' Connor	a, enter the name of the

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

x Alina O'Connor

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 = ChiefExecutive 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 carporation, 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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	Alina T. O'Connor	1033 NE 17TH Way Apt 603
Add			Fort Lauderdale FL 33304
Remove			
2) X Change	VP	Mark O'Connor	1033 NE 17th Way Apt 603
Add			Fort Lauderdale FL 33304
Remove			
3)Change			
Add	•		
Removo			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)				
Article VI: Incorporator last name was misspelled incorrectly the correct last name is:				
D'Connot				
·				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;  (if not applicable, indicate N/A)				
	<u>,</u>			
	<del></del>			

¹ juL-21-2015 23:58	N.B.C.	P.005
	07/16/2015	SECRETARY OF STATE DIVISION OF CORROLL OF STATE DIVISION OF CORROLL OF STATE
The date of each amendment date this document was signed.		INVISION OF CORROTTE OTHER THAN THE
onte nus nocument was signed.		4P 111 A
Effective date if applicable:		15 JUL 23 AMII: 14
	(no more than 90 days a	fler amendment file date)
	his block does not meet the applicable state Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	·
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number re sufficient for approval.	of votes cast for the amendment(s)
	e approved by the shareholders through vot d for each voting group entitled to vote sep	
"The number of votes	cast for the amendment(s) was/were suffici	ent for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without	shareholder action and shareholder
The amendment(s) was/wen action was not required.	e adopted by the incorporators without shar	eholder action and shareholder
07/16/	2015	
Dated	4. 4.0	
	Alina O'Conno	r
Signature 2		
	y a director, president or other officer – if d	
	ected, by an incorporator — if in the hands of pointed fiduciary by that fiduciary)	n a receiver, trustee, or other court
•	Alina T. O'Connor	
	(Typed or printed name of	person signing)
	President	
	(Title of person	ı signing)