P15000085963

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
FALLAHASSEE, FLORID

MAY 19 2016 D CUSHING

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Change of Corporation Name Name of Limited Liability Company Name of Limited Liability Company |
| The enclosed Articles of Amendment and fec(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| * Helene RIPPE |
| Persist Technologies Corp. |
| Address TALLAHASS |
| City/State and Zip Code H. Rippe persist. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| K Helene Rippe at (631) 600 - 0000 EXT 427 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & |

*** MAILING ADDRESS:**

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)



Change of Name of Corp. and Reg. Agent

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

HELENE RIPPE PERSIST TECHNOLOGIES CORP 1500 CORDOVA RD #210 FT LAUDERDALE, FL 33316

SUBJECT: PERSIST TECHNOLOGIES CORP

Ref. Number: P15000085963

We have received your document for PERSIST TECHNOLOGIES CORP and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 816A00009719

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Articles of Amendment

Articles of Incorporation

| A t | Α, (| D1 _ |
|------------|--------------|--------------------------|
| Persist | Technologies | Corp. |
| | (N | Al-, 61- 1 .141, 41- 171 |

A. If amending name, enter the new name of the corporation:

(Name of Corporation as currently filed with the Florida Dept. of State)

(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. It amending name, enter the new name of the corporation: | | | 1 .1 |
|---|-------------------------------|---|--|
| Persist Systems and | 1 Serv | ices Corpo | TION OF 9The new |
| 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.," | | | |
| word "chartered," "professional association," or the abbreviation "I | P.A. " | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | NA | (Same) | |
| | | | |
| | | • | |
| | | A | G 5 |
| C. Enter new mailing address, if applicable: | NIA | (< | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | \amest | <u> </u> |
| | | へ おき | 3 - F |
| | | <u> </u> | |
| | | | 3 3 1 |
| | | | آ ب آ |
| D. If amending the registered agent and/or registered office address | | nter the name of the | |
| new registered agent and/or the new registered office address: | _ | | * |
| Name of New Registered Agent Helene | RIPPE | | <u>. </u> |
| 1500 Cor | dova | Rd #210 | |
| (Florida stre | | · \ · · · · · · · · · · · · · · · · | |
| | 1.10 | 7 _ | / |
| New Registered Office Address: Ft. Laude | nagre | , Florida_ <u>3</u> | 3/6 |
| (| (City) | (Zi | p Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent. 1 am familiar w | rith and accept th | ie obliga tion s of the position | 1. |
| . /// | | | |
| $\langle \mathcal{A} \mathcal{A} \mathcal{A} \rangle$ | | 141 | |
| Heline | $\{ \mathcal{L}_{\lambda} \}$ | 11 Cappe | |

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 = 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 PT John Doe | |
|--|----------|
| X Remove V Mike Jones | |
| | |
| X Add SV Sally Smith | |
| Type of Action Check One) Name Address | |
| 1) Change | |
| Add | |
| Remove | |
| 2) Change | |
| Add | |
| Remove | |
| 3)Change | |
| Add | <u> </u> |
| Remove | |
| 4) Change | |
| Add | |
| Remove | |
| 5) Change | |
| Add | |
| | |
| Remove | |
| 6) Change | |
| Add | |
| Remove | |

| amending or adding additional Arti ttach additional sheets, if necessary). | (Be specific) | |
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| an amandment provides for an avel | nange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
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| The date of each amendment(s) adoption: | , if other than |
|--|------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | • |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be listed as |
| 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" (voting group) | |
| (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. | 16 X |
| Dated 4/19/2016 | - I L |
| Signature Lawrenge To | 3 M |
| (By a director, president or other officer – if directors or officers have not been $\frac{\gamma_1}{\gamma_1}$ | NO |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court | D 2: 44 |
| appointed fiduciary by that fiduciary) | £- |
| Edward 5. ha/ce (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |
| (Title of person signing) | |

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