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COVER LETTER

*TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: 5 D	atel Inc.			
NAME OF CORPORATION: 5 D Vate Inc. DOCUMENT NUMBER: 15 0000 88021				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
NAC	Name of Contact Person			
4300 N. University Or. Alob				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	se call:			
luten bruchener	at (954) 141 - 0381 Area Code & Daytime Telephone Number			
Name of Contact Person				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

(Name of Co 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. 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." AIN B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: MIA (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: Florida (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 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	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones	<u>3</u>		
X Add	<u>sv</u>	Sally Smith	1	AIA	
Type of Action (Check One)	<u>Title</u>	<u>N</u> i	<u>ame</u>		Address
1) Change					
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				*	
Add					
Remove					
6) Change					
Add					
Remove					

L. If amending or a (Attach additional	dding additional Arti	cles, enter change (Be specific)	(s) here:		
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If an amendmen	t provides for an exch	ange, reclassificat	tion, or cancellation	on of issued shares	1
provisions for i (if not appli	mplementing the ame cable, indicate N/A)	ndment if not cont	tained in the amer	idment itself:	
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file day	(e)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required. Dated	eholder
Signature(By a director, president or other officer – if directors or officers hav	a not hean
selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed liduciary by that fiduciary)	
Motor Brudener	
(Typed or printed name of person signing)	
Theorematar	
(Title of person signing)	