## P15000091612

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | isiness Entity Na | me)         |
| (Do                     | cument Number     | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPO           | RATION: FUSION TECHNO                                                                        | OLOGY STRATEGIES, IN                                               | C.                                                                                   |
|-------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| DOCUMENT NUM            | D15000001612                                                                                 |                                                                    |                                                                                      |
| The enclosed Articles   | of Amendment and fee are su                                                                  | ibmitted for filing.                                               |                                                                                      |
| Please return all corre | spondence concerning this ma                                                                 | tter to the following:                                             |                                                                                      |
|                         | TERI R. FRIEDLER, PRES                                                                       | IDENT/CEO                                                          |                                                                                      |
|                         |                                                                                              | Name of Contact Person                                             |                                                                                      |
|                         | FUSION TECHNOLOGY S                                                                          | TRATEGIES, INC.                                                    |                                                                                      |
|                         |                                                                                              | Firm/ Company                                                      |                                                                                      |
|                         | 3000 NORTH ATLANTIC                                                                          | AVENUE, UNIT #6                                                    |                                                                                      |
|                         |                                                                                              | Address                                                            |                                                                                      |
|                         | DAYTONA BEACH, FL 32                                                                         | 21118                                                              |                                                                                      |
|                         |                                                                                              | City/ State and Zip Code                                           | :                                                                                    |
| JEFF                    | @FUSIONTSI.COM                                                                               |                                                                    |                                                                                      |
|                         | _                                                                                            | sed for future annual report                                       | notification)                                                                        |
|                         |                                                                                              |                                                                    |                                                                                      |
| For further informatio  | n concerning this matter, plea                                                               | se call:                                                           |                                                                                      |
| JEFFREY FRIEDLE         | R                                                                                            | at (                                                               | ) 362-7201                                                                           |
| Name                    | of Contact Person                                                                            | Area Coo                                                           | le & Daytime Telephone Number                                                        |
| Enclosed is a check for | or the following amount made                                                                 | payable to the Florida Depa                                        | rtment of State:                                                                     |
| □ \$35 Filing Fee       | □\$43.75 Filing Fee & Certificate of Status                                                  | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amendi<br>Division<br>Clifton                                      | Address ment Section n of Corporations Building xecutive Center Circle               |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| FUSION TECHNOLOGY STRATEGIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| (Name of Corporation as current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tly filed with the Florida Dept. of State)                   |
| P15000091612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |
| (Document Number of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of Corporation (if known)                                    |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 71                                                           |
| name must be distinguishable and contain the word "corporatio<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "<br>word "chartered," "professional association," or the abbreviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | "Co". A professional corporation name must contain the       |
| D. Entau navy principal office address if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOT APPLICABLE                                               |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | **                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
| C. Francisco de la Constitución | 2 2 2                                                        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NOT APPLICABLE                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ्रिक्ष ज                                                     |
| D. If amending the registered agent and/or registered office add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ress in Florida, enter the name of the                       |
| new registered agent and/or the new registered office address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |
| Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |
| There of New Registeress Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |
| (Florida st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | reet address)                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                            |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (City), Florida(Zip Code)                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Elly)                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
| New Registered Agent's Signature, if changing Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>t:</b>                                                    |
| l hereby accept the appointment as registered agent. I am familiar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | with and accept the obligations of the position.             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |
| Cionatura of Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registered Agent if changing                                 |
| Nighanire of New 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARVINIETRO AVENT II CHANGINU                                 |

## 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          |                          |
| X Add                         | <u>sv</u>    | Sally Smith         |                          |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>         | <u>Addres</u> s          |
| 1) X Change                   | PT           | TERI R. FRIEDLER    | 3000 NORTH ATLANTIC AVE. |
| Add                           |              |                     | UNIT #6                  |
| Remove                        |              |                     | DAYTONA BEACH, FL 32118  |
| 2) X Change                   | · VS         | JEFFREY R. FRIEDLER | 3000 NORTH ATLANTIC AVE. |
| Add                           |              |                     | UNIT #6                  |
| Remove                        |              |                     | DAYTONA BEACH, FL 32118  |
| 3) Change                     |              |                     |                          |
| Add                           |              |                     |                          |
| Remove                        |              |                     |                          |
| 4) Change                     |              |                     |                          |
| Add                           |              |                     |                          |
| Remove                        |              |                     |                          |
| 5) Change                     | <del></del>  | ···                 |                          |
| Add                           |              |                     |                          |
| Remove                        |              |                     |                          |
| 6) Change                     |              |                     |                          |
| Add                           |              |                     |                          |
| Remove                        |              |                     |                          |

| Samending or adding additional Art Attach additional sheets, if necessary).                           | (Be specific)                                                                                                |                 |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------|
|                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                        |                 |
|                                                                                                       |                                                                                                              | <del></del>     |
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|                                                                                                       |                                                                                                              |                 |
| an amendment provides for an exclusions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |                 |
|                                                                                                       |                                                                                                              |                 |
|                                                                                                       |                                                                                                              |                 |
|                                                                                                       |                                                                                                              | · · · · · · · · |
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|                                                                                                       |                                                                                                              |                 |

|                                                                    | 11/24/2015                                                                                                                                                                                      |                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| The date of each amendment(s) date this document was signed.       | adoption:                                                                                                                                                                                       | , if other than the                       |
|                                                                    | 1/24/2015                                                                                                                                                                                       |                                           |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment file date)                                                                                                                                                | <del></del>                               |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this department of State's records.                                                                                         | ate will not be listed as the             |
| Adoption of Amendment(s)                                           | (CHECK ONE)                                                                                                                                                                                     |                                           |
| ☐ The amendment(s) was/were a by the shareholders was/were         | dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.                                                                                                 | (s)                                       |
|                                                                    | pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):                                                   | ent                                       |
|                                                                    | st for the amendment(s) was/were sufficient for approval                                                                                                                                        |                                           |
| by                                                                 | (voting group)                                                                                                                                                                                  |                                           |
|                                                                    | (voting group)                                                                                                                                                                                  |                                           |
|                                                                    | dopted by the board of directors without shareholder action and sharehold                                                                                                                       | er                                        |
| The amendment(s) was/were a action was not required.               | dopted by the incorporators without shareholder action and shareholder                                                                                                                          |                                           |
| DatedSignature                                                     | ri R-triedh                                                                                                                                                                                     |                                           |
| (By a selec                                                        | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cou inted fiduciary by that fiduciary) |                                           |
|                                                                    | TERI R. FRIEDLER                                                                                                                                                                                |                                           |
|                                                                    | (Typed or printed name of person signing)                                                                                                                                                       |                                           |
|                                                                    | PRESIDENT/CEO                                                                                                                                                                                   |                                           |
|                                                                    | (Title of person signing)                                                                                                                                                                       | New 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |