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

(((H160000152013)))



H160000152013ABCQ

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

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: SMART TAX

Account Number : I20090000034

: (954)782-3610

Fax Number

: (954)366-3239

**Enter the email address for this business entity to be used for fullur annual report mailings. Enter only one email address please. ा

Email Address:	•			
----------------	---	--	--	--

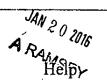
SEOR AMND/RESTATE/CORRECT OR O/D RESIGN

TURNING POINT CONSULTING INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



.(((H16000152013)))

Articles of Amendment to Articles of Incorporation of

16 JAN 19 AM 11:31

TURNING POINT CONSULTING INC

SECRETARY OF STATE
TALLAHASSEE, ELORIDA

	TALL ANASSEE, FLURIUA
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P16000001051	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the c TURNING POINT SOLUTIONS INC	corporation: The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
O. If amonding the registered great and/or registered	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	d 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 Re- hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
C:	nature of New Registered Agent, if changing
Jig 2	INTER OF ITEM ACCIDICION ACCINE, IT CHANGING

(((H160000152013)))

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change	PT	John Do	<u>)c</u>	•				
X Remove	<u>v</u>	Mike Jo	nes	·				
X Add	<u>\$Y</u>	Sally Sp	nith					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Add	<u>res</u> s		
1) Change		_			 			
Add								
Remove							· ·	
2) Change					 			
Add					·			
Remove								
3) Change				· - · · · · · · · · · · · · · · · · · ·	 			
Add								
Remove								
4) Change								
Add								
Remove								
Character Character								
5) Change Add		_		, .	 			
						<u></u>		
Remove								
6) Change				······································	 -			
Add								
Remove								

(((H160000152013)))

[amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u></u>	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
MATERIAL III	
ian amandment neavides for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

(((H1600001520(3)))

The date of each amendment(s) adoption:date this document was signed.	, if other than the
5	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Su	meet the applicable statutory filing requirements, this date will not be listed as thate's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
The amendment(s) was/were approved by the si must be separately provided for each voting gr	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	group)
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inc action was not required.	orporators without shareholder action and shareholder
Dated	uhi R
	nt or other officer - redirectors or officers have not been orator - if in the hands of a receiver, trustee, or other court that fiduciary)
REGIANE GO	ELZ
(Ту	ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)