0061353 P166C

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GATEWORN, IN	C.	
DOCUMENT NUN	P16000061353		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	JASON D. JENKINSON		
		Name of Contact Person	
	GATEWORX, INC.		
		Firm/ Company	, IEE/-
	6201 JOHNS RD., SUITE 13	2	
		Address	
	TAMPA, FL 33634		
		City/ State and Zip Code	
	admin@gateworxaccess.com	1	
	V -2	sed for future annual report	notification)
For further informati	on concerning this matter, plea		734-5570
Name of Contact Person		Area Coo) 734-5570 de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee
	llahassee, FL 32314		l. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GATEWORX, INC.	-0 9, 59
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000061353	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6201 JOHNS RD., SUITE 12
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33634
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6201 JOHNS RD., SUITE 12
	TAMPA, FL 33634
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
Name of New Negatierea Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing
	St. W. W. M. M.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	<u>John Do</u>	<u>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>pith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	p		JASON D. JENKINSON	6201 JOHNS RD., SUITE 12
X Add				TAMPA, FL 33634
Remove				
2) Change		_ 		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassification, or car	ncellation of issued shares,
provisions for implementing the amendment if not contained in t	he amendment itself:
(if not applicable, indicate N/A) N/A	
· · · · · · · · · · · · · · · · · · ·	

•

	07/21/2021	
	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after	amendment file date)
Note: If the date inserted in this blodocument's effective date on the Dep		ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of dire	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)
	oved by the shareholders through voting each voting group entitled to vote separat	
"The number of votes cast f	or the amendment(s) was/were sufficient	for approval
bv	(voting group)	."
	(voting group)	
Datad		
o:	m D Ven Ki	
(By a dir selected	ector, president or other officer – if direct, by an incorporator – if in the hands of a d fiduciary by that fiduciary)	
	IASON D. JENKINSON	
-	(Typed or printed name of pers	ion signing)
1	PRESIDENT	

(Title of person signing)