## <u> 1900011636</u>

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
PROSPAY VERO INC	
Name	e of Corporation
DOCUMENT NUMBER: P17000011636	
The enclosed Amendment and fee are subm	nitted for filing.
Please return all correspondence concernin	g this matter to the following:
MARILDA MAXWELL	
Name of Contact Person	<del></del>
Firm/Company	
1185 RIVER WIND CIRCLE	
Address	<del></del>
VERO BEACH, FL 32967	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this mat	tter, please call:
MARILDA MAXWELL	772 321-3546
Name of Contact Person	at ( ) 321-3546  Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Statu	\$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation

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of PROSPAY VERO INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000011636 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MONEY SCIENCE TECHNOLOGY INC name must be distinguishable and contain, the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST\_BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: \_ . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

(Attach additional sheets, if necessary)

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

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

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

X Change	<u>PT</u>	<u>John Do</u>	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add	<u> </u>	_		
Remove				
5) Change		-	<del></del>	
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
for one-desert modified for an each	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

The date of each amendmen		, if other than the
date this document was signed	02/08/2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dihe Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ient
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Signature (1 so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	Marilda Maxwell (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Corporate officer (Title of person signing)	
	(Title of person signing)	