# P17000017912

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Variess)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiliess Entity Name)                 |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |





100302493371

08/16/17--01015--003 \*\*35.00

amend

#### · COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR                    | ATION: SYNTAX SOLUT                         | TONS INC   |  |  |  |
|-----------------------------------|---|--|--|--|--|
| DOCUMENT NUMB                     | P17000017912                                |  |  |  |  |
| The enclosed Articles of          | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |
| Please return all corres          | pondence concerning this ma                 | tter to the following:   |  |  |  |
|                                   | VI  | NODKUMAR. CHALLAC  | GUNDLA   |  |  |
| Name of Contact Person            |   |  |  |  |  |
|                                   | SYNTAX SOLUTIONS INC                        |  |  |  |  |
| Firm/ Company                     |   |  |  |  |  |
| 1255 KETZAL DR                    |   |  |  |  |  |
| Address                           |   |  |  |  |  |
|                                   | NE  | W PORT RICHEY, FL - 3  | 4655   |  |  |
| -                                 |   | City/ State and Zip Cod  | Ċ.   |  |  |
|                                   | VINODST                                     | `ATEMENTS@GMAIL.C  | ОМ   |  |  |
|                                   | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |
| For further information           | concerning this matter, please              | se call:<br>727<br>at (  | 267-8703   |  |  |
| Name o                            | Name of Contact Person                      |  | )<br>ide & Daytime Telephone Number  |  |  |
| Enclosed is a check for           | the following amount made                   |  | ·  |  |  |
| ■ \$35 Filing Fee                 | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address Amendment Section |   |  | Address  |  |  |
|                                   | nament Section sion 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 to Articles of Incorporation

## Articles of Incorporation of

#### SYNTAX SOLUTIONS INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P17000017912 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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: N/A Name of New Registered Agent N/A (Florida street address)

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

N/A

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

(Ciry)

# 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>\$V</u>  | Sally Smith        |                             |  |
| Type of Action (Check One) | Title       | <u>Name</u>        | <u>Addres</u> s             |  |
| 1) Change                  | VP          | JYOTHSNA. KALYANAM | 1255 KETZAL DR              |  |
| Add                        | <del></del> |                    | NEW PORT RICHEY, FL - 34655 |  |
| X Remove                   |             |                    |                             |  |
| 2) Change                  |             |                    | _                           |  |
| Add                        |             |                    |                             |  |
| Remove                     |             |                    |                             |  |
| 3 ) Change                 |             |                    |                             |  |
| Add                        |             |                    | <del></del>                 |  |
| Remove                     |             |                    |                             |  |
| 4) Change                  |             |                    |                             |  |
| Add                        |             |                    |                             |  |
| Remove                     |             |                    |                             |  |
| 5) Change                  |             |                    |                             |  |
| Add                        |             |                    |                             |  |
| Remove                     |             |                    | <del></del>                 |  |
| 6) Change                  |             |                    |                             |  |
| Add                        |             |                    |                             |  |
| Remove                     |             |                    |                             |  |

|  | (Be specific)  |
|--|--|
| I/A  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | <u> </u>   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| · · · · ·  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If an amendment provides for an excl                                     | hange, reclassification, or cancellation of issued shares,   |
| provisions for implementing the ame                                      | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
| if not applicable, indicate N/A)   | hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| if not applicable, indicate N/A)   | nange, reclassification, or cancellation of issued shares, and and an analysis |
| if not applicable, indicate N/A)   | hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| if not applicable, indicate N/A)   | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| if not applicable, indicate N/A)   | hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| if not applicable, indicate N/A)   | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and the amendment itself:   |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
| provisions for implementing the ame                                      | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |

| The date of each amendment(s) adoption:   | , if other than the            |
|---|--------------------------------|
| date this document was signed.  |                                |
| Effective date if applicable:   |                                |
| (no more than 90 days after amendment file date)  |                                |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  | date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                                |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.  | 1(s)                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):   | nent                           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                                |
| by  |                                |
| (voting group)  |                                |
| <ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul> | der                            |
| 08/12/2017<br>Dated   |                                |
| Signature   |                                |
| (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)  |                                |
| VINODKUMAR, CHALLAGUNDLA  |                                |
| (Typed or printed name of person signing)   |                                |
| DIRECTOR  |                                |
| (Title of person signing)   |                                |