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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: LEH INTEGRATI	VE SOLUTIONS, INC.	
DOCUMENT NUMBE	D17000020594	····	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
L	isa E. Henke		
_		Name of Contact Person	1
		Firm/ Company	
1	429 Warrington Way		
<del></del>		Address	
Т	rinity, FL 34655		
		City/ State and Zip Code	<b>e</b>
Lisa.He	nke@Dersham.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Lisa E. Henke		at ( <sup>727</sup>	859-4350
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	urtment of State:
□ \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation

LEH INTEGRATIVE SOLUTIONS, INC.

17 JUN 12 PM 1:52

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P17000030584	•
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florietts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
N/A	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicab	N/A
(Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE B	N/A N/A
	tered 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 N/A	
<del> </del>	(Florida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:  I am familiar with and accept the obligations of the position.
і негеоў ассері іне арроінітені аз гедізіегей адені.	i am jammar wan ana accept the ootigations of the position.
Cia	anglura of Nau 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.

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PSTD	Lisa E. Henke	1429 Warrington Way
Add			Trinity, FL 34655
Remove			
2) Change	v	Robert E. Dersham	1429 Warrington Way
X Add			Trinity, FL 34655
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
<b>a</b>			
5) Change	-		
Add			
Remove			<del>, ,</del>
6) Change			
Add			
Remove			

iling Information	al sheets, if necessary				
ang miomianon	: FEI/EIN Number:	82-1130883			
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provisions for	nt provides for an eximplementing the allicable, indicate N/A)	mendment if not c	cation, or cancells ontained in the an	ation of issued sha nendment itself:	ares,
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The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
mappicable.	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blocument's effective date on the Dep	lock does not meet the applicable statutory filing requires partment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	pted by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and sh	nareholder
Dated		
Signature		
selected	rector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
j	Lisa E. Henke	
-	(Typed or printed name of person signing)	L .
,	President/Director	L

(Title of person signing)