Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ARCADIA SOUTH FLORIDA INC.

Certificate of Status Certified Copy 1 Page Count 07 Estimated Charge \$52.50

C. GOLDEN SEP 2 0 2017

To: Sunbiz EFax Page 4 of 8

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COVER LETTER

TO: Amendment Sec Division of Corp						
NAME OF CORPO	RATION: ARCADIA SOUT	H FLORIDA INC.				
	BER: P17000045188					
	a of Amendment and fee are su	buitted for filing.				
Please return all corre	espondence concerning this ma	ater to the following:				
	LISA ADAMS					
		Name of Contact Person				
	LICENSES, ETC., INC.					
	Firm/ Company					
	886 H0TH AVE. N., SUITE #6					
	Address					
	NAPLES, FL 34108					
		City/ State and Zip Code				
SUF	PORT@LICENSESETC.COM	1				
	E-mail address: (to be u	sed for future annual report i	notification)			
For further information	on concerning this matter, pleas	se call:				
LISA ADAMS		at (239) 777-8321 le & Daytime Telephone Number			
Name of Contact Person		Area Cod	e & Daytime Telephone Number			
finclosed is a cheek f	or the following muount made	payable to the Florida Depar	timent of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	SS2.50 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

850-617-6381

9/18/2017 10:34:08 AM PAGE 1/001 Fax Server

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September 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARCADIA SOUTH FLORIDA INC. 3097 SOUTH BROAD ST. CHATTANOOGA, TN 37408US

SUBJECT: ARCADIA SOUTH FLORIDA INC.

REF: P17000045188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P93000014797 (STATUS INC.).

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H17000243443 Letter Number: 717A00018892

(((H17000243443.3)))

Articles of Amendment to Articles of Incorporation of

2017 SEP 19 AM 10: 34

ARCADIA SOLETH ELORIDA INC.

SF - DESTATE TALLER SSEELFLORIDA

(Name of Cornor:	
\ <u></u>	ration as currently filed with the Florida Dept. of State
17000045188	
(Doc	cument Number of Corporation (if known)
tu suant to the provisions of section 607,1006, Flor s Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the	e corporation:
STATTUS Technology, Inc.	The new
ome must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or n	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u>	ible: [DDRESS]
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	ed office address:
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agem	(Florido street address)
Name of New Registered Agent New Registered Office Address:	•

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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:

 $P \sim President; V-Vice President; Treasurer; SreSecretary; D \sim Director; TR \sim Trustec; CrrChairman or Clerk; CEO <math>\sim$ 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 Dos	
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) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>f an amendmen</u>	t provides for an molementing the	exchange, reclassion amendment if not	contained in the a	lation of issued sha mendment itself:	Les.
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: too more than 90 days as	ter amendment file date)
(in more since or major a)	to unanimoni in analy
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votinust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated9/14/2017	
Signature - Halloyder	<u> </u>
(By a director, president or other officer – if d selected, by an incorporator + if in the hands of appointed fiduciary by that fiduciary)	
Micah Rayburn	
(Typed or printed name of	person signing)
P,T,S,D	
(Title of persor	signing)