P1700047932

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COVER LETTER

TO:	Amendment Section
	Division of Corporations

	INCISC C	hac Han Pa	stness In
NAME OF CORPORATION: Wise Consulting Partners Inc			
DOCUMENT NUMB	ER: 717	0000 41932	
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:	
	Geisl	Morris - 5 Name of Contact Person	Tacobj
		Name of Contact Person	1
•		Firm/ Company	
-	801 W. Star	Address City/ State and Zip Code	13/2001
	A L	Address	i 30714
-	1/1(41/1611)	City/ State and Zip Code	e
			gmail.com v
For further information	concerning this matter, pleas	e call:	
Geisha Morris - Jacobs at (407) 272-6589 Name of Contact Person Area Code & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Wise Consulti	ng Partny	ers Inc
(Name of Cor	rporation as currently	filed with the Florida Dept. of State)
P17000	0 47932	
	(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fi	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name o		
911 Doc-	Help Inc	
name must be distinguishable and contain t	he word "corporation, "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		801 W. State Road 436 \$2001
		Attamente Springs, FL 32714
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		801 W. State Road 436 # 2001
		Attamorte Springs, FL 32714
D. If amending the registered agent and/or new registered agent and/or the new registered		ss in Florida, enter the name of the
Name of New Registered Agent		
_8	Ol W. State (Florida stree	Road 436 # 2001
New Registered Office Address:	+ Hamonto	Springs, Florida 32714 (Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a	agent. I am familiar wi	th and accept the obligations of the position.
	G ,	2

If amending the Officers and/or Directors,	enter the title and name of each officer/director being removed and title, name, a	ad
address of each Officer and/or Director being	ng 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:	re, una sa	my smin, sr us un mua.	
X Change	PT	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	P	GREISLE E. Morris	801 W. State Road 436 \$ 2001
Add			
Remove			Altamorka Springs, FC 3271
2) Change			
Add			All productions of the second
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l 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 amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/20/2019	
Signature(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Grisha Morris - Ja celes (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	