P17 CCCC 74996

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I ALBRITTON

Amend

COVER LETTER

Division of Corporations ME OF CORPORATION: e2 ICS, INC OCUMENT NUMBER: ____ P17000074996 e enclosed Articles of Amendment and fee are submitted for filing. ase return all correspondence concerning this matter to the following: Victor Florido Name of Contact Person e2 ICS, Inc Firm/ Company 9616 Carlsdale Drive Address Riverview, FL 33578 City/ State and Zip Code victor.florido@e2ics.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: at (706) 829-0727

Area Code & Daytime Telephone Number or Florido Name of Contact Person is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

): Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ICS, INC

(Name of Corporation as currently filed with the Florida Dept. 7000074996 (Document Number of Corporation (if known) suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation: If amending name, enter the new name of the corporation: te must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation rp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the d "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: ncipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address in Florida, enter the name of the w registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) egistered Agent's Signature, if changing Registered Agent: v accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

tach additional sheets, if necessary)

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

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 'd. President, Treasurer, Director would be PTD.

anges 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 hange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. ke Jones, V as Remove, and Sally Smith, SV as an Add.

ample: Change <u>PT</u> John Doe <u>V</u> Remove Mike Jones Add <u>SV</u> Sally Smith e of Action <u>Title</u> Name Address eck One) Victor Florido 9616 Carlsdale Drive _ Change Riverview, FL __ Add 33578 __ Remove DP Travis Kelley 9616 Carlsdale Drive Change Riverview, FL ___ Add 33578 Remove Stefan Sahling 9616 Carlsdale Drive __ Change Riverview, FL __ Add 33578 __ Remove T Kay Wolf 9616 Carlsdale Drive __ Change Riverview, FL __ Add 33578 _ Remove _ Change _ Add _ Remove Change _ Add Remove

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) s amenment should have taken place in the beginning of the year. If	it is not possible, please adapt the signed date below
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ovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	
(y nor applicable, maleure 1971)	

9
e date of each amendment(s) adoption:, if other than the
e this document was signed.
ective date if applicable:
(no more than 90 days after amendment file date)
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sument's effective date on the Department of State's records.
option 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)
he amendment(s) was/were adopted by the board of directors without shareholder action and shareholder :tion was not required.
he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder tion was not required.
10/31/2019
Dated
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)
Victor Florido
(Typed or printed name of person signing)
Chief Executive Officer

(Title of person signing)