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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PRO SOURCE SC	DLUTIONS, INC.	
	BER: P17000086796		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Pleuse return all corre	espondence concerning this ma	iter to the following:	
	TRACEY J. FIERRO		
		Name of Contact Perso	n
	ACCOUNTING SOLUTION	IS FOR BUSINESS, INC.	
		Firm/ Company	
	2451 N. MCMULLEN BOO	TH ROAD, STE 256	
		Address	
	CLEARWATER, FL 33759		
		City/ State and Zip Cod	le
INFO)@ACCOUNTINGSOLUTIO	NS123.COM	
	· -	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	
TRACEY J. FIERRO)	727 at (712-9395
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check to	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section			Iment Section
Division of Corporations			on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			n Building Executive Center Circle
rananassee, 11, 52514		2001	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation οf

(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
PRO SOURCE SOLUTIONS, INC.		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1550 N. MCMULLEN BOOTH ROAD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE F3 BOX 143	
	CLEARWATER, FL 33759	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1550 N. MCMULLEN BOOTH ROAD	
	STE F3 BOX 143	
	CLEARWATER, FL 33759	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
triorida s	street uddress)	
<u>New Registered Office Address:</u>	, Florida(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		
Signature of New	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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	HONG DAVIS	1467 CINDER LANE
Add X Remove			KISSIMMEE, FL 34744
2) Change Add			
Remove 3)ChangeAdd			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

	l sheets, if necessary), (Be specific)
	<u></u>
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f an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions for i	mplementing the amendment if not contained in the amendment itself:
<u>provisions for i</u>	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)
<u>provisions for i</u>	mplementing the amendment if not contained in the amendment itself:
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	11/1/1 7	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/1/17	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were as action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
DECEME Dated	BER 13, 2017	
Signature	2/11/24	
(By a select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need feduciary by that fiduciary)	_
	WILLIAM G. VICTOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	