

P17000089255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

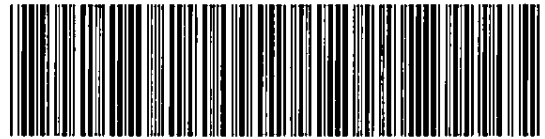
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 13 AM 11:17

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17 NOV 13 PM 12:00

NOV 14 2017
C. MCNAIR

WALK IN



207479

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2017

CORPORATION SERVICE COMPANY
ATTN: ROXANNE TURNER

SUBJECT: IDU, INC.
Ref. Number: P17000089255

RESUBMIT

Please give original
submission date as file date.

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 117A00022979

NOV 13 PM 12:01

NOV 13 PM 12:01

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2017 NOV 13 PM 12:01

ACCOUNT NO. : I20000000195
REFERENCE : 907479 8146388
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : November 10, 2017
ORDER TIME : 10:18 AM
ORDER NO. : 907479-005
CUSTOMER NO: 8146388

DOMESTIC AMENDMENT FILING

NAME: IDU, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

2011 NOV 13 PM 12:01

NAME OF CORPORATION: IDU, Inc.
DOCUMENT NUMBER: P17000089255

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Raab
Name of Contact Person
IDU, Inc.
Firm/ Company
1111 Brickell Ave. Suite 2600
Address
Miami, FL 33131
City/ State and Zip Code
licensing@terraadministrators.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Raab at (954) 246-3509 x3151
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
of

2017 NOV 13 PM 12:01

IPU, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000089255

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--------------------|-----------|----------------------|--------------------------|
| 1) <u>X</u> Change | <u>SD</u> | <u>Joseph Khouny</u> | <u>1111 Brickell Ave</u> |
| ___ Add | | | <u>Suite 2600</u> |
| ___ Remove | | | <u>Miami, FL 33131</u> |
| 2) <u>X</u> Change | <u>TD</u> | <u>Robert Forti</u> | <u>94 Waurows Rd.</u> |
| ___ Add | | | <u>Bristol, RI 02809</u> |
| ___ Remove | | | _____ |
| 3) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 4) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 5) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 6) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

h / a

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 not be listed as the document's effective date on the Department of State's records.

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)

☐ 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 11/9/17

Signature

Chris Raab

(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)

Chris Raab

(Typed or printed name of person signing)

Head of U.S. Services

(Title of person signing)