## P180000014331

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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11/05/18--01016--013 \*\*35.00



Amend

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## **COVER LETTER**

For further information concerning this matter, please call:

1

TO: Amendment Section

Name of Contact Person at (561) 271-5662

Area Code & Daytime Telephone Number

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

S35 Filing Fee □S43

□\$43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐S52.50 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

P18	DATA SOLUTIONS INC.  n as currently filed with the Florida Dept. of State 1/50.
<u> </u>	
	18000064331
(Documen	ent Number or Corporation (if known)
ursuant to the provisions of section 607.1006, Florida St s Articles of Incorporation;	Statutes, this Florida Profit Corporation adopts the following amen
If amending name, enter the new name of the corp-	poration:
	The
ame must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp.," ord "chartered," "professional association," or the able Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRI	"corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contain hbreviation "P.A."  4604 49745776
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	ST. Percesas FR
If amending the registered agent and/or registered new registered agent and/or the new registered off      Name of New Registered Agent	d office address in Florida, enter the name of the ffice address:
<del></del>	(Florida street address)
	. Florida
New Registered Office Address:	

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:	cc, una outi, om	an, 5) us un nuu.			
X Change	<u>PT</u> <u>John</u>	n Doe			
X Remove	<u>V</u> <u>Mik</u>	te Jones			
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	V	MICHAEL	Kozlanski	1503 FENDEN DA DELLAY BEACH F	C
Add				DELAY BEACH F	
2) Change					
Add					
Remove					
3 ) Change					
Add	_ <del></del>		<del></del>		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			<u> </u>		
Add					
Remove					

	, if necessary).	(Be specific)	
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Ean amendment provid	les for an eych	inge, reclassification, or cancellation of issued shar	<b>P</b> ar
provisions for impleme	nting the amer	dment if not contained in the amendment itself:	1(3,
(if not applicable, in	idicate N/A)		
<del>-</del>			
		.1 \( \sigma \)	<u> </u>
		——————————————————————————————————————	
		N/1	
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		N / 1	
		Ν.	
		N. (1)	

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 document's effective date on the Department of State's records.	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 east 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 11/2/18	
Signature  (By a director, president of 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)  Amany	_
(Typed or printed name of person signing)  WESTOEMT	

(Title of person signing)