## P1800009 H05

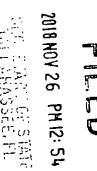
(Requestor's Name)				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:		
DOCUMENT NUMB	ER: P18000091405		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSEPH LEE COLLINS		
•		Name of Contact Persor	1
	TEKKWISE INC		
•		Firm/ Company	
	1714 FREEDOM DRIVE		
•	A	Address	
	MIDDLEBURG, FLORIDA	32068	<u>.</u>
•		City/ State and Zip Code	e
orpro(	Datt.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSEPH LEE COLLE	NS	904 at (	524-4898
Name o	f Contact Person	Area Code & Daytime Telephone Numb	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
S35 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 Divi: P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

TEKKWISE INC			2018 NOV 26	PH 12: 51.
(Name (	f Corporation as currently	filed with the Florida Dept. of	State)	
P18000091405				OF STATE
	(Document Number of	Corporation (if known)		A.1-1-1-1-1
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this I	Clorida Profit Corporation adopts	the following ar	nendment(s) to
A. If amending name, enter the new na	me of the corporation:			
			T):	ie new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation  2.4."	d" or the abbra name must con	eviation
B. Enter new principal office address,	if applicable:	719 EDGEWOOD AVENUE NORTH		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	JACKSONVILLE, FLORIDA	32254	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1714 FREEDOM DRIVE		
	<del></del>	MIDDLEBURG, FL 32068		
D. If amending the registered agent an new registered agent and/or the ney		ess in Florida, enter the name of	<u>ithe</u>	
	JOSEPH LEE COLLINS			
<u>Name of New Registered Agent</u>	1714 FREEDOM DRIVE			
	(Florida stre	et address)		
New Registered Office Address:	MIDDLEBURG		32068 orida	
Men meganerea oppee maneas.	1	City)	(Zip Code	e)
New Registered Agent's Signature, if c			,	
I hereby accept the appointment as regist	ered agent. I am familiar w	tth and accept the obligations of t	ne position.	
<b>-</b>	Aper alin	vistered Avent it chanving		

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.

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>	Address
1) Change	P	JOSEPH LEE COLLINS	1714 FREEDOM DRIVE
XXX Add			MIDDLEBURG, FL 32068
Remove			
2) Change	V	FARAH COLLINS	1714 FREEDOM DRIVE
XXX Add			MIDDLEBRG, FL 32068
Remove 3 ) Change	P	TERZIDIS POLYCHRONIOS	938 LEXINGTON DRIVE
Add			DUNEDIN, FL 34698
XXX Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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<u>If an amendment provides for an excl</u>	ange, reclassificati	on, o <u>r cancellation</u>	of issued shares,	
provisions for implementing the ame	ndment if not conta	ained in the am <u>endr</u>	<u>nent itself:</u>	
(if not applicable, indicate N/A)				
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	NOVEMBER 19, 2018	
	adoption:	, if other than th
date this document was signed.	OVEMBER 10 2019	
Effective date <u>if applicable</u> :	OVEMBER 19, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	fill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
NOVEM Dated	IBER 19, 2018	
Signature -	Arren cea-	
By a	Acres Clar a director, president or other officer – if directors or officers have not been	
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	ointed fiduciary by that fiduciary)	
	JOSEPH LEE COLLINS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	