## P18000101487

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Neoware inc	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
	IBER: P18000101487		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all com	espondence concerning this mat	ter to the following:	
	Corey Lanzing		
		Name of Contact Persor	1
	Neoware Inc		
		Firm Company	
	1485 Oviedo Mall Blvd		
		Address	
	Oviedo Fl. 32765		
		City State and Zip Code	
	Corey a neoware.io		
	E-mail address: (to be use	ed for future annual report	notification)
Dans Grande and a Samura		a aall	
For turiner informati	ion concerning this matter, pleas	е сан:	
Corey Lanzing		530 at i	339-1134
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Friing 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		Amend Divisio The Co 2415 ?	Address Iment Section In of Corporations In of Tallahassee IV. Monroe Street, Suite 810 Insect, FL 32303

## Articles of Amendment to Articles of Incorporation of

NEOWARE INC.

	ntly filed with the Florida Dept. of State)
P18000101487	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The _new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.)	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/4
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 adnew registered agent and/or the new registered office address.	ess:
Name of New Registered Agent   N/4	
eFl.∠t	street address)
New Registered Office Address: M/A	(City) (Zip Code)
	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	w with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	PT Joh	John Doc		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ily Snuth		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	cco _	PIEROLA, ZACK	1485 Oviedo Mall Blvd	
Add			Oviedo, FL 32765	
X Remove	CIO	MORALES, ALFONSO	1485 Oviedo Mall Blvd	
2) Change Add	<del></del>	<del></del>	Oviedo, FL 32765	
X Remove 3.) Change	<u></u>			
Add				
Remove 4) Change		<del></del>		
Add.				
Remove 5/ Change				
Add Remove				
6) ( nange				
Add				
Remove				

(Attach additional	lding additional A) sheets, it necessary)	. (Be specific)			
/4					
		<u></u>			
· · · · · · · · · · · · · · · · · · ·					
<del></del>					
If an amendment					<u>es.</u>
	nplementing the and able, indicate N/A)	nendinent if not co	ontained in the am	iendment itselt:	
<u>/4</u>		· · · · · · · · · · · · · · · · · · ·			
· · ·	·		<u>-</u>		

The date of each amendment(s	adoption:, if other than the
date this document was signed	10 2020
Effective date <u>if applicable</u> :	10 2020
<del>,</del>	ono more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was were by the shareholders was were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"I he number of votes c	st for the amendment(s) was were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	rvoting groups
n 1.0 201	3
Dated	
Signature _ C	VY Date
(By: scle	director, provient or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Corey Lanzeng
	( speed or printed name of person signing)
	COO
	Title of person signing)

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