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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Corpor	tech Inc.		
DOCUMENT NUMBER: P 1900 000	·		
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Steven	McNichols Name of Contact Person		
<u>Corner-t</u>	Firm/ Company		
	Firm ¹ Company		
6201	Johns Rd. STE 10 Address		
	Address		
Tomo	00 F1 33634		
	City/ State and Zip Code		
<u>Steven m</u>	sed for future annual report notification)		
E-mail address: (to be u	sed for future annual report notification)		
For further information concerning this matter, plea	se call:		
Steven McNichols	GIA . OUD #340		
Name of Contact Person	at (613) 240. 7370 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Cornertech Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1900000 895	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_{ij} its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	F.
	tun'
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7:1:
	-
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	
ir untaa mee	a daaress)
New Registered Office Address:	. Florida (Zip Coác)
	(Elp Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.
Signature of New Poor	istered Agent, if changing
Signature of New Reg	soccea agem, y onanging

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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, 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	<u>PT</u> <u>Joh</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	_D_	Martinez, Adrian	6201 Johns Rd STE10
Add			Tampa, FL 33634
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
б) Change			
Add			
Remove			

Attach <i>addi</i>	itional sheets, if nec		fic)		
<u> N/</u>	A				
1					
					
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···				·	
					
an ameno	iment provides for	an exchange, recla	ssification, or can	cellation of issued	shares,
(if not	applicable, indicate	N/A)	or comunica in the	ic amendment tag	<u></u>
N/A					
1					
				·	
					
 	 -				

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	ino more than 90 days after amendment fil	 _
	(no more than 90 days after amendment fit	e date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requi- partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The feech voting group entitled to vote separately on the amount	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	<u>,</u> ~	
,	(voting group)	
Dated	12020	
Signature	Wew Wills	
(By a då selected	ector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
-	Steven MW. Mols (Typed or printed name of person signing)	
-	President (Title of person signing)	