## P19000017347

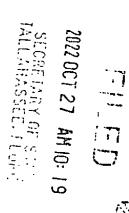
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## COVER LETTER

Division of Corporations NAME OF CORPORATION: PIXEL ACUITY INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GLYNIS SIEGEL** Name of Contact Person PIXEL ACUITY INC Firm/ Company 555 Winderley Place Suite 300 Address Maitland FL 32751 City/ State and Zip Code accounting@pixelacuity.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Glynis Siegel Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

100 23 M

PIXEL ACUITY INC

(Name of	Corporation as currently filed with the Florida Dept. of State)	
P19000017347		
	(Document Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit Corporation adopts the follo	wing amendme
A. If amending name, enter the new nam	ne of the corporation:	
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	he word "corporation," "company," or "incorporated" or the abbrev rp," "Inc," or "Co". A professional corporation name must co r the abbreviation "P.A."	The new viation "Corp.," intain the word
B. Enter new principal office address, if (Principal office address MUST BE A STI		<u></u> -
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O.)  D. If amending the registered agent and new registered agent and/or the new	/or registered office address in Florida, enter the name of the	
Name of New Registered Agent	MARK OSTER	<del></del>
-	555 WINDERLEY PL STE 300 (Florida street address)	<u></u>
New Registered Office Address:		32751 (Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obligations of the posit.	ion.
	Ma	···
	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, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. T. 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 C. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)  1) Change	Р	MARK OSTER	555 Winderley Place, Ste 300
X Add			Maitland FL 32751
Remove			
2) Change	V	PETER SIEGEL	555 Winderley Place, Ste 300
X Add			Maitland FL 32751
Remove 3 ) Change	С	ERIC PHILCOX	13555 Highland Road
Add	_	REMOVE	Clarksville, MD 21029
X Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change	-		
Add			
Remove			

<u>I amending or ac</u>	ding additional Art sheets, if necessary).	(Re enecific)	<u>20(8) nere</u> :			
Attach additional	sneets, ij necessary).	(ве хресінс)				
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f an aniandmani	provides for an exc	hanga raclassific	estion or cancel	lation of issued s	hares	
neovisions for it	plementing the ame	endment if not co	ntained in the a	mendment itself	:	
(if not applic	able, indicate N/A)				_	
(5)	,					
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The date of each amendment		, if other t
date this document was signed	- 10/14/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date wil the Department of State's records.	I not be listed
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	ere adopted by the incorporators, or board of directors without shareholder action and	l shareholder
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	ber 19, 2022	
Dated		
so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	MARK OSTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	