(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
( <b>(-11)</b> /2-12-12-12-14	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: Web Propulsion Hosting; INC DOCUMENT NUMBER: P23000005595	
DOCUMENT NUMBER: <i>P2-300000</i> 55 95	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RAINA PINERA  Name of Contact Person  PINER SINDERA PROFESSIONA SERVICES LL  Find Company  7345 W. SAND LAKE RJ STE 2/9  Address  ORIANDO FL 32819  City/ State and Zip Code  RAINA A STANEKTAX. COM  E-mail address: (to be used for future annual report notitication)	
For further information concerning this matter, please call:	
RAINA PINCRO at 917, 543/282	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite \$10

## Articles of Amendment to Articles of Incorporation

	บโ		202
Web Prop	ulsion	Hosting	INC
(Name of Cor	oration as currently	filed with the Florida De	<u>pt. of State</u> ) ခင်း န
P230	2000055	95	
(	Document Number of	Corporation (if known)	
rsuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	adopts the following amenda
If amending name, enter the new name of	the corporation:		
			The n
ne must be distinguishable and contain the wo he.," or Co.," or the designation "Corp," hartered," "professional association," or the	"Inc," or "Co". A	professional corporation	name must contain the wo
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>			196.
		<u> </u>	
Enter new mailing address, if applicable			
	CE(BOX)		<del></del>
(Mailing address <u>MAY BE A POST OFFI</u> )	_ <del></del>		
(Mailing address <u>MAY BE A POST OFFI</u> )	<del></del>		
(Mailing address <u>MAY BE A POST OFFI</u> )			
		ess in Florida, enter the r	name of the
	egistered office addr	ess in Florida, enter the r	name of the
If amending the registered agent and/or new registered agent and/or the new regi	egistered office addr	ess in Florida, enter the r	name of the
If amending the registered agent and/or i	egistered office addr	ess in Florida, enter the r	name of the
If amending the registered agent and/or new registered agent and/or the new regi	egistered office addr		name of the
If amending the registered agent and/or new registered agent and/or the new regi	registered office addr stered office address		name of the  Florida

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 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office. 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P	Thomas A. Kent	14 553 Peppermill TRAI
Add			CERMONTEL 34711
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			<del> </del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

Attach addition	adding additional Art A sheets, if necessary).	(Be specific)	_			
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lf an amendin	nt provides for an ex	change, reclassif	fication, or can <u>ce</u>	llation of issued s	hares,	
provisions fo	implementing the an	rendment if not	contained in the	amendment itself	<u>f:</u>	
(if not up	licable, indicate N/A)		<del></del>			
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The date of each amendment(s) adoption:, if other that
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 not be listed as document's effective date on the Department of State's records
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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 cast for the amendment(s) was/were sufficient for approval
by"
by
Signature  (By a diffector, president or other other other – if directors or officers have not been
selected, by an incorporator — in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Associate Incoporator (Title of person signing)