## P23000020330

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## COVER LETTER

TO-Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPO	RATION: MarQit Intel, Inc.		· · · · · · · · · · · · · · · · · · ·		
	BER: P23000020330				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Monique MacLaren				
	·	Name of Contact Person	7)		
		Firm/ Company			
	1515 N. Federal Highway, Suite 300				
		Address			
	Boca Raton, FL 33432				
		City/ State and Zip Cod	e		
	monique@marqitintel.com  E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Monique MacLaren		954	5624232		
Name	of Contact Person	Area Co	) 5624232 de & Daytime Telephone Number	_	
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	SS	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SECRETALY OF ST TALLAHASSEE, F	
An Di	ailing Address nendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	STATE E, FL	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2023 MAY -1 PH 12: 51

## Articles of Amendment to Articles of Incorporation of

MarQit Intel, Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", or "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1515 N. Federal Highway
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 300
	Boca Raton, FL 33432
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 add new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	2023 SEC
	ALL MAY
(Florida sti	reet address)
New Registered Office Address:	rect address)  Florida  (City)  PH  (City)  (Zip Code) UT
	E STI
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	1: Signature of the position.
Signature of New R	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 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Robert D. Keyser, Jr.	
Add X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			SE SE
Remove			<u></u>
5) Change			<u> </u>
Add			- L. [1]
Remove			S O M T
6) Change			E. FL
Add			H.
Remove			

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	4/1/2023	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<u>pp</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and sl	iareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
incorporators and office	es	
,	(voting group)	
4/25/2023 Dated		
Signature	Mouse Marcha	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
with some	Monique MacLaren	
	(Typed or printed name of person signing)	<del></del>
	Secretary	
	(Title of person signing)	

SECRETARY OF STATE
TALLAHASSEE, FL