P93000060362

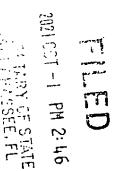
(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: COPYFAX OF GA	INESVILLE, INC.	
DOCUMENT NUMB	ER:		
	f Amendment and fee are sul	omitted for filing.	·
Please return all corres	oondence concerning this mat	ter to the following:	
1	Cyle D. Macomber		
-		Name of Contact Person	
3	Middleton & Middleton, PA		
-		Firm/ Company	
:	303 State Road 26	• •	
-		Address	
<u>'</u>	Melrose, Florida 32666		
-		City/ State and Zip Code	
		·	
!	cyle@fightingforall.com	16.51	- Nifertion
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	•		JUE 1611
Kyle Macomber		at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filling Fee	S43.75 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)
Aine Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division The C 2415?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

COPYFAX OF GAINESVILLE, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P93000060362	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CFX Office Technology of Gainesville, Inc.	The new
name must be distinguishable and contain the word "corporation," "c "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.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2210 NW YOTH TERRACE
(Principal office address MUST BE A STREET ADDRESS)	SUITEB
	GAINESVIUS, FL 32605
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	CSC PHOTOLOGY CARROL VIND HAMME STATE OF THE PARTY OF THE
Name of New Registered Agent	
(Florida str	cet address)
New Registered Office Address:	(Cip.) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	t with and accept the obligations of the position.
Signature of New R	egistered 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.

X Change	<u>PT</u>	John Doe	
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			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	
	
	
	
	
	_
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
and the same of the same of the same	endment if not contained in the amendment itself:
provisions for implementing the am-	endificat a not contained in the participation
(if not applicable, indicate N/A)	endment if not contained in coordinate
(if not applicable, indicate N/A)	enument is not contained in con
(if not applicable, indicate N/A)	enument is not contained in two and a second
(if not applicable, indicate N/A)	enument is not contained in two
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(if not applicable, indicate N/A)	Entiment is not contained in the
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each a	nmendment(s) adoption:	, if other than
Effective date <u>if ap</u>	·	
	inserted in this block does not meet the applicable statutory filing requirements, this date ve date on the Department of State's records.	will not be listed as
Adoption of Amen	ndment(s) (CHECK ONE)	
The amendment(action was not re	(s) was/were adopted by the incorporators, or board of directors without shareholder action required.	and shareholder
	t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.	
☐ The amendment(must be separate	i(s) was/were approved by the shareholders through voting groups. The following statementely provided for each voting group entitled to vote separately on the amendment(s):	1
"The numb	ber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
D	Dated 9.16.202	
ς;	Signature W. Last Milk	
3.	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	W. SCOTTMINER	
	(Typed or printed name of person signing)	
	PRISINGNT	
	(Title of person signing)	

the

the