P94000027945

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2023 JAN -9 PH 4: 10 SECONTIARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION: PERCONTI DATA	A SYSTEMS, INC.		_		
DOCUMENT NUM	1BER: P94000027945			=		
	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	SALVATORE PERCONTI					
	· · · · ·	Name of Contact Persor	1			
	PERCONTI DATA SYSTEM	AS. INC.				
		Firm/ Company				
	400 BEACH DR NE #2101					
	Address					
	ST PETERSBURG, FL 33701					
	City/ State and Zip Code					
	SAL@PERCONTI.COM			20		
	E-mail address: (to be us	sed for future annual report	notification)	22	23 J	स्थान
For further informat	ion concerning this matter, plea	se call:		SARAJ VSA	2023 JAN -9	7
SALVATORE PERCONTI		at (727	453-2344	급유	TK	T
Name of Contact Person		Area Co) de & Daytime Telephone Ni	imber	_ :	- Paragraphic
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	, luj	0	
□ \$35 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)			
Mailing Address Amendment Section		•	Address ment Section			

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

	rporation as current	y filed with the Florid	a Dept. of State)		
P94000027945					
	(Document Number o	f Corporation (if knows	1)		
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corpora	tion adopts the followin	g amendn	reni(s) to
A. If amending name, enter the new name of	of the corporation:				
PERCONTI INC.				The ne	n.
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or th	" "Inc." or "Co"	1 professional corpora	rated" or the abbreviation name must contain	n "Corp.,	••
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		N/A			
			. 215 - 215	2023	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		N/A		9- NAU	
			(A)	72	TI J
D. If amending the registered agent and/or new registered agent and/or the new reg			he name of the	- 0	
N/A Name of New Registered Agent				_	
	(Florida sti	vet address)		_	
New Registered Office Address:			. Florida		
the registered confice ridaress.		(City)		Code)	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	·	_	
Add			
Remove			
2) Change		<u></u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Clunge			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
/A	
-	
If an amandment provides for an exc	hanna reclassification ar concellation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

	adoption:	if other than the
date this document was signed.	1/2023	
Effective date <u>if applicable</u> : $\frac{z^2}{z^2}$		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of direc	tors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of v sufficient for approval.	otes cast for the amendment(s)
	pproved by the shareholders through voting gor each voting group entitled to vote separate	
"The number of votes ca	st for the amendment(s) was/were sufficient f	or approval
by		<u>.</u> .
	(voling group)	
DatedSignature	1/4/2023 St. 1)	
(By a selec	director, president or other officer – if directored, by an incorporator – if in the hands of a minted fiduciary by that fiduciary)	
	SAL VATORE PERCONTI	
	(Typed or printed name of person	on signing)
	PRESIDENT	
	(Title of person signing)	