P940000 35286

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200328262892

04/26/19--01015--020 **35.00

19 APR 26 AH IS 58

MAY 0.7 2019 BCHROEDEF

COVER LETTER

TO: Amendment Section Division of Corporations Accu- Screen, Inc. NAME OF CORPORATION: P9400003528h DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin G- Connell Accu-Screen Frc. Firm/ Company

22 Peurson Ave. (Formerly: 32 Peurson Rd.

Address

Vn. + 2

Somerville MA 02144

City/ State and Zip Code

02174) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | Cevin G. Connell at (813) 244-9321

Name of Contact Person Area Code & Daytime Telephone Number

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

\$35 Filing Fee

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

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

is enclosed)

(Additional Copy

Certificate of Status

Articles of Amendment

to

Articles of Incorporation

of

Aecu-Su	reen, Inc
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P 9400003	5286
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
Intel Se	arch Inc. The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	22 Pearson Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite 2
	Somerville MA 02144
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 Pearson Ave. Suite 2
	Somerville MA 02144
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the 🚅 🛌
new registered agent and/or the new registered office addre	SSI 70 T
Name of New Registered Agent	Ma Ma o
(Florida s	street address)
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
N	Registered Agent, if changing
Signature of New	Registered Avent, if changing

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 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		NIA	
Add			
Remove			
2) Change	·		
Add			<u>≥</u>
Remove			
3) Change			<u></u>
Add			
Remove			FLORIDA FLORIDA
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove		❤	

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be spec	ific)		
	N	I A		
		1	-	
	···			
	j			
	ĺ			
				
	- 1			
				_
				•
			LYLI SE4	19
			72 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	APR
			امد د د د د د د د	
	- (555 555 103 103 103 103 103 103 103 103 103 103	26
	1		7755	2
f an amendment provides for an exch	ange, rec	lassification, or cancellation of issued shares,	=======================================	दक
provisions for implementing the ame	ndment if	not contained in the amendment itself:	STATE ATMEST	633
(if not applicable, indicate N/A)			>	œ

The date of each amendment(s) adoption: date this document was signed.	4/24/20	<u> 48</u>	, if other than the
Effective date if applicable:	5 1 20 (no more than 90 days aft	t 9 er amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		ntory filing requirements, this d	late will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		of votes cast for the amendment	(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g	shareholders through voting to the control of the c	ng groups. The following staten rately on the amendment(s):	nent
"The number of votes cast for the amend	ment(s) was/were sufficie	nt for approval	
by		,,,	
(votin	g group)		
☐ The amendment(s) was/were adopted by the boaction was not required.	pard of directors without s	hareholder action and sharehold	der
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without share	holder action and shareholder	
Dated 4 24	12019		
Cinnatura Fun			
Signature (By a director, presid	ent or other officer - if di	rectors or officers have not been	n
selected by an incorp	porator – if in the hands o	f a receiver, trustee, or other co-	m (15 79
appointed fiduciary b	y that fiduciary)		APR TI
	Kevin G	Council	R 2
	Kevin G 'yped or printed name of p	person signing)	
·	•		
		<u> </u>	
	(Title of person	signing)	NO. 11. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19