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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BottonLine Compt	iting, Inc.		
	1BER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Melvin Drucker			
		Name of Contact Person	1	
	BottomLine Computing, Inc.			
		Firm/ Company		
	934 UNIVERSITY DRIVE#	413		
		Address	-	
	CORAL SPRINGS, FL 3307	1		
		City/ State and Zip Code		
mei	@btmline.com			
	_	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Melvin Drucker		954 at (600 8643	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

BOTTOMLINE COMPUTING, INC.

(Name of Corporation	n as currently filed with the F	Torida Depthinstate) 3 5: 65
P94000071446		
(Docume	ent Number of Corporation (if k	nown) [All Landscare Control A
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co". A professio	or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere	ed office address in Florida, er	iter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
W . B	·	
New Registered Office Address:	(City)	, Florida (Zip Code)
	, 6.197	(iii, c. iii,
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept th	e obligations of the position.
Signa	ture of New Registered Agent, t	T changing
	im e oj tren negisierea ngem, j	1 cming mg

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.

Evample: <u>X</u> Change	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	PTSD	MARIA DRUCKER	2477 NW 83 WAY	
Add			CORAL SPRINGS, FL 33065	
X Remove				
2) Change	PTSD	MELVIN DRUCKER	2477 NW 83 WAY	
<u>x</u> Add			CORAL SPRINGS, FL 33065	
Remove				
3) Change	VPD	MELVIN DRUCKER	2477 NW 83 WAY	
Add			CORAL SPRINGS, FL 33065	
X Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets	s, if necessary). (B	e specific)			
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f an amendment prov	ides for an exchang	e, reclassification.	or cancellation	of issued shares,	
provisions for implem	enting the amendm	ent if not contain	ed in the amend	ment itself:	
(if not applicable,	inaicate N/A)				
					<u>. </u>
		···-			· · ·
,	·-· ·				
			·		
					
			•		

• •	OCTOBER 1, 2018	
The date of each amendment(s) and date this document was signed.	loption:	, if other than the
OCT	OBER 1, 2018	
Effective date <u>if applicable</u> :	tno more than 90 days after am	wndment file date)
Note: If the date inserted in this bedocument's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of vot flicient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholde	r action and shareholder
Dated	1 Mel Dela	
(By a d	irector, president or other officer – if director f, by an incorporator – if in the hands of a rec red fiduciary by that fiduciary)	
	(Typed or printed name of person	ocker
	President	
	(Title of person signi	ng)