## P96000028434

| (Re                     | equestor's Name)   |                 |
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| (Cit                    | ty/State/Zip/Phone | <del>-</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL.           |
| (Bu                     | isiness Entity Nan | ne)             |
| (Do                     | ocument Number)    | 14              |
| Certified Copies        | Certificates       | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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## COVER LETTER

TO: Amendment Section

Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: FISELT IQ  DOCUMENT NUMBER: P96000088424  |
|--|
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Sonathan Simkins  Name of Contact Person  Firm/ Company  5004 W. Linebaugh Are Honor Address  Address  Address  City/State and Zip Code  INSELT TO @ Hotomail. Com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:   |
| Jona Than Simkins at (B13) 930 2847 # 1002  Name of Contact Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |
| □ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)   |

Street Address
Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



May 23, 2016

JONATHAN SIMKINS INSECT I.Q., INC. 5004 W. LINEBAUGH AVE TAMPA, FL 33624

SUBJECT: INSECT I.Q., INC. Ref. Number: P96000028424.

We have received your document for INSECT I.Q., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 316A00010839

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation

|   | a Inc   |
|---|---|
| (Name of Corporation as currently fi  | led with the Florida Dept. of State)  |
|   | 29729   |
| (Document Number of Co  | rporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ${\it Flo}$ its Articles of Incorporation:   | rida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation;   |   |
|   | The new   |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.A. | "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the  |
| B. Enter new principal office address, if applicable:   | Tien con the  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
| •   | NAME OF THE PARTY |
|   | 25° OT  |
| C. Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   | <u>~</u>  |
|   | <u>,,, 5,</u>   |
|   |   |
| D. If amending the registered agent and/or registered office address<br>new registered agent and/or the new registered office address:  | in Florida, enter the name of the   |
| Name of New Registered Agent Sona The   | an Simking I/Y  |
| Mante of New Registered Agent   | 1 1 1 1 4 8   |
| (Florida street   | Mehayh Be -D  |
|   | 771 71/   |
| New Registered Office Address: / A W/4 (Cit   | y) , Florida <u> </u>   |
| •   | •   |
|   |   |
| Nam Degistered Agent's Signature if changing Degistered Agents  |   |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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          | PT John              | Doe              | .*                                    |
|----------------------------|----------------------|------------------|---------------------------------------|
| X Remove                   | <u>V</u> <u>Mike</u> | <u>Jones</u>     |                                       |
| _X Add                     | SY Sally             | Smith            |                                       |
| Type of Action (Check One) | <u>Title</u>         | Name             | Address                               |
| 1) Change                  | VP                   | Antanio/ Cabo    | al 3015 Valeria Gect                  |
| Add Remove                 |                      | •                | Tampa FC 341639                       |
| 2) Change                  | VP                   | Jonathan Simking | 5 5248 CoveTTEDO<br>TAMPA FC 33624    |
| Remove 3) Change Add       | PDS                  | Jonathan Simking | 5 5248 CorveTre A:<br>Tampa FC 33624  |
| Remove 4) Change           | ·                    |                  |                                       |
| Add                        |                      |                  | · · · · · · · · · · · · · · · · · · · |
| 5) Change                  |                      |                  |                                       |
| Remove                     |                      |                  |                                       |
| 6) Change                  |                      | <u>.</u>         |                                       |
| Remove                     |                      |                  |                                       |

| •   | (Be specific)                                   | <del></del>  | •                                 |  |
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| provisions for implementing the amer  | ange, reclassification<br>idment if not contain | s, or cancellation of<br>and in the amenda   | of issued shares,<br>nent itself: |  |
| an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)   | ange, reclassification<br>adment if not contain | , or cancellation of the desired in the amenda   | of issued shares,<br>nent itself: |  |
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| provisions for implementing the amer  | ange, reclassification<br>adment if not contain | or cancellation of the control of th | of issued shares,<br>nent itself: |  |
| provisions for implementing the amer  | ange, reclassification                          | , or cancellation of the control of  | of issued shares,<br>nent itself: |  |
| provisions for implementing the amer  | ange, reclassification                          | , or cancellation of the control of  | of issued shares,<br>nent itself: |  |
| provisions for implementing the amer  | ange, reclassification                          | , or cancellation of the control of  | of issued shares,<br>nent itself: |  |
| provisions for implementing the amer  | ndment if not contain                           | , or cancellation of the control of  | of issued shares,<br>nent itself: |  |
| f an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contain                           | ed in the amenda   | of issued shares,<br>nent itself: |  |

| The date of each amendment(s) adoption:, if other than to date this document was signed.   |
|--|
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.                 |
| Adoption of Amendment(s) (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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  |
| by   |
| (voting group)   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated 10/5/16  |
| Signature  (By a director, president of affector of 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) |
| (Typed or printed name of person signing)  |
| Pros. dent   |
| (Title of nerven signing)  |