P970000 60851

(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



500263645675

09/24/14--01016--004 **35.00

SECRETARY OF STATE

AND FILED



COVER LETTER

TO: Amendment Section

Division of Corp	orations					
NAME OF CORPO	RATION: IMAPP IN	IC				
	P97000608	351				
DOCUMENT NUM	BER: 1 01 00000					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	William R. Rov	illo				
		Name of Contact Person	1			
	IMAPP INC					
		Firm/ Company				
	5300 West Cypress Street #247					
	Address					
	Tampa, FL 336	507				
		City/ State and Zip Cod	2			
bill	lr@imapp.com					
		sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
William R.	Rovillo	_{at (} 727	643-3417			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:			
■ \$35 Filing Fee	□\$43.75 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)			
	iling Address	Street Address				
Amendment Section Division of Corporations		Amendment Section				
	Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32301						

Articles of Amendment Articles of Incorporation of

IMAPP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000060851

(Document Number	r of Corporation (if kn	own)		_
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corporati	ion adopts the followi	ng amendment(s)
A. If amending name, enter the new name of the	e corporation;			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	orp," "Inc," or "Co"	". A professional co		
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- - <u>BOX</u>)			14 SE
	-			SEP'24 PM 2: 09 CRETARY OF STATE LAHASSEE, FLORID
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter the	e name of the	F S
Name of New Registered Agent				TATE ORIDA
	(Florida street o	address)		
New Registered Office Address:		, Flo	orida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		and accept the oblig	ations of the position.	
	-		- •	
Signature of	New Registered Ager	nt, 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	Р		Joel Cohen	5300 West Cypress St
Add				#247
Remove				Tampa, FL 33607
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				•
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		_		
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	<u>, , , , , , , , , , , , , , , , , , , </u>

If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

	· · · · · · · · · · · · · · · · · · ·

The date of each amendmen		if other than the
date this document was signed	i .	
Effective date if applicable:	September 22, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated Sep	otember 22, 2014	
Signature _	B.P.	
	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	William Rovillo	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	