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AUG 1 0 2018 7. LETTER X



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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: INTRANET COM	IMUNICATIONS GROUP	P, INC.
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
Í	Mark S. Mucci, Esq.		
•		Name of Contact Person	n
1	Benson, Mucci & Weiss Pl	L	
		Firm/ Company	
!	5561 N. University Drive, S	Suite 102	
-		Address	
(Coral Springs, FL 33067		
-		City/ State and Zip Cod	e
admin	@icgconnects.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mark S. Mucci/Nicole	Francis	954. at (323-1023
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Araendment Articles of Incorporation of

INTRANET COMMUNICATIONS GROUP, INC.			
(<u>Name of Corporati</u> P97000093884	on as currently filed with the Fl	orida Dept. of State	ı
	nent Number of Corporation (if kn	in the second	
	·		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Cor</i>	poration adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A profession	r "incorporated" or nal corporation name	The new the abbreviation the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL			
			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		ter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(Cuy)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent,	I am familiar with and accept the	LAHASS	Allion Al
Sign	ature of New Registered Agent, if	changing [F. FLORIE]	LED

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 Die 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Craig Blease	3500 NW 2ND AVE #727
X Add			BOCA RATON, FL 33431
Remove			V
2) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			····
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

if amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	hera;
-	
f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	o, or cancellation of issued shares,
(if not applicable, indicate N/A)	ted in the amendment users.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>_</u>
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 wi document's effective date on the Department of State's records.	Il not be listed as the
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 east 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 / 7/31/2018	
Signature Harthure Flease	
(By a director, president or other officer - if 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)	
Katherine Blease	
(Typed or printed name of person signing)	
President	
(Title of ne.son signing)	