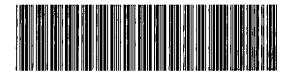
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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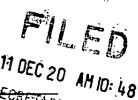
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	NELCO Two, Inc.	
DOCUMENT NU	JMBER:	P98000003724	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning th	s matter to the following:	
		Darlene Lemke	
	N	ame of Contact Person	
		CoAdvantage	
		Firm/ Company	
	111 V	V Jefferson, Suite 100	
		Address	
	Ori	ando, Florida 32801	
	C	ity/ State and Zip Code	
	dlemke@ E-mail address: (to be use	coadvantage.com d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
	Darlene Lemke	at (407) 447-18	
Name	e of Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a chec	k for the following amount n	ade payable to the Florida Department	of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is enclosed) Ce	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NELCO Two, Inc.

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

P98000003724

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the co		
CoAdvantage Rename must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	ord "corporation," nation "Corp," "Inc	c," or "Co". A professional corpora
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		
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		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with a	
Signatu	re of New Registerea	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P/D	Benjamin Hewitt	111 W. Jefferson Suite 100 Orlando, Florida 32801	□ Add ☑ Remove
P/D_	Miguel Maseda	111 W. Jefferson Suite 100 Orlando, Florida 32801	
·—·			
	ling or adding additional Articles additional sheets, if necessary). (E		
<u>provisi</u> c		nge, reclassification, or cancellation on the amendment of not contained in the amendment of the amendment o	
			·

The date of each amendment(s	
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
,	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
(1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_	112/2011
Signature	M
(By a select	director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	• •
	Mark Lowrey
·	(Typed or printed name of person signing)
	Chief Financial Officer & Treasurer
-	(Title of person signing)