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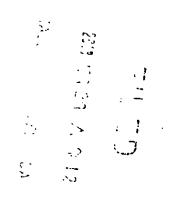
(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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D SCOTT

COVER LETTER

**

Division of Corporations	· · ·
NAME OF CORPORATION: BCU ON COLUMENT NUMBER: 1800	the Haknown Inc.
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dany I	Name of Contact Person
FF Lander Licico D E-mail address: (to be to	Firm/ Company PCS 7 C/CCK Rd Suite 101 Address City/ State and Zip Code City/ State and Zip Code ased for future annual report notification)
For further information concerning this matter, plea	ise call:
Name of Contact Person	at (954) 6 4 - 675 (-2) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	✓S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 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

(Name of Corporation as currently f	iled with the Florida Dept. of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Integrum Solutio Inc	The new
name must be disjinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2953 W Cypress Creek
	Ft landerdale Fl 33300
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
	1 1
D. If amending the registered agent and/or registered office addressing registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	Laddress)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<u></u>		
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		ر
(if not applicable, indicate N/A)		,-
		50
	<u> </u>	
	 .	-
	-	_

. The date of each amendment(s) adop fate this document was signed.	tion: <u> </u>	9	, if other	er than the
Effective date <u>if applicable</u> :	(no more than 90 days)	after amendment file date)		_
	•	•		
Note: If the date inserted in this bloc locument's effective date on the Departure of the		atutory filing requirements,	this date will not be lis	sted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		r of votes east for the amend	lment(s)	
☐ The amendment(s) was/were approx must be separately provided for each				
"The number of votes cast for	the amendment(s) was/were suffic	ient for approval		
hy	(voting group)	· · ·		
,	(voting group)			
☐ The amendment(s) was/were adopte action was not required.	•			
The amendment(s) was/were adopte action was not required.	d by the incorporators without sha	reholder action and shareho	lder	
Dated 4/2	1/19	nd-theUrknow	20:13	: 1
Signature	or president or other officer – if	directors or officers have no	t heen	
selected.	y an incorporator – if in the hands			i
appointed	fuciary by that fiduciary)			. الت
	DARILLING	TIRICO	; 	
_	(Typed or printed name o	f person signing)	., %	_
	Paesid	or +		
	(Title of perso		·	•