P99000014899

(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ORATION:	SYSTEMS, INC.		
DOCUMENT NUM	ивек:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	MARIE B. CODE, ESQ.			
		Name of Contact Person	1	
	MARIE B. CODE, ESQ., P.I			
		Firm/ Company		
	1308 SW 27TH TERRACE			
		Address	· · · · · · · · · · · · · · · · · · ·	
	CAPE CORAL, FLORIDA 3	3914		
		City/ State and Zip Code	e	
	MARIE@MARIEESQUIRE.COM		202 SE	
	E-mail address: (to be us	sed for future annual report	notification)	A NO CRE
For further informat	ion concerning this matter, plea	se call:		2024 NOV 19 AM 7: 59 SECRETARY OF STATE TALLAHASSEE, FL
MARIE B. CODE, ESQ. 239 829.0063		829.0063	200 SEC.	
Name of Contact Person		Area Co	de & Daytime Telephone Number	: 5 STA : FI
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	' H 4
■ \$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)	
	lailing Address mendment Section		Address Iment Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

TITO

Articles of Amendment to Articles of Incorporation of

3-D INSPECTION SYSTEMS, INC.		
(Name of Corporation	as currently filed with the Florid	n Dept. of State)
P99000014899		
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corpora	tion adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp "Inc" or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corpora	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 SEC
		NOV I
		N 19 AM 7: 5 AH/SSEE, FL
D. If amending the registered agent and/or registered		he name of the
new registered agent and/or the new registered of	ice address:	7: 5 STA E, FL
Name of New Registered Agent		ATE ATE
	(Florida street address)	
New Registered Office Address:	(2)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obli	gations of the position.
Signatu	re of New Registered Agent, if char	nging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	CARL C. FOWLER	413 NE VAN LOON LANE
Add			SUITE #126
X Remove			CAPE CORAL, FL 33909
2) Change	PRES	CHRISTOPHER J. FOWLER	413 NE VAN LOON LANE
X Add			SUITE #126 TO
Remove 3) Change	<u>v</u>	CATHERINE M .FOWLER	1 2 9
X Add			SUITE #126
Remove			
4) Change			CAPE CORAL, FL 33909
Add			
Remove			
5) Change			
Add			A-1
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more tract to days after amenament fre date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	'
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
**	(voting group)	
Novembe Dated	r 14, 2024	
	ristopher J Fowler	2024 NOV 19 SECRETARY TALLAHA
(Ву а	director, president or other officer - if directors or officers have not been	NOV 19 A
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	まち 5 T
арроі	nted fiduciary by that fiduciary)	\$50 - IT
	CHRISTOPHER J. FOWLER	HILLD 24 NOV 19 AH 7: ECRETARY OF SI TALLAHASSEE,
	(Typed or printed name of person signing)	ქ≯ თ
	PRESIDENT	. HE 97
	(Title of person signing)	

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