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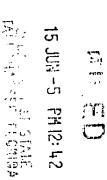
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ___ CAM CONNECTIONS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Beecher Lanosga Name of Contact Person Law Offices of Marc P. Katz, LLC Firm/ Company 8910 Purdue Road, Suite 210 Address Indianapolis, Indiana 46268 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (317) 793-2100

Area Code & Daytime Telephone Number Michelle Beecher Lanosga Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of



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

CAM CONNECTIONS, INC.	(Document N	umber: P99000078721)	3	رم ^ب ری
	(Document Number	of Corporation (if known))	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	ation adopts the following am	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
B.A. BULL, INC.			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional of	incorporated" or the abbre	viation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4040 Waterville Av	renue	
		Wesley Chapel, Florida 33543		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4040 Waterville Avenue		
		Wesley Chapel, Florida 33543		
				
D. If amending the registered agent ar new registered agent and/or the ner			he name of the	
Name of New Registered Agent	N/A			
	(Florida s	treet address)		
New Registered Office Address:	4040 Waterville Avenue, Wesley Chapel		, Florida 33543	
New Registered Office Address.	(City)		(Zip Code)
Now Designation of America Company of a	hanning Davidson I Assert	4.		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the position.	
	- ·	·	- ·	

Signature of New Registered 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	PT	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>2S</u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	Name	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Add Remove				
5) Change		- -		
Add				
Remove				
6) Change				
Add				
Domovo				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets; if necessary). (Be specific)		
N/A		
TVB		
F. 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:		
(if not applicable, indicate N/A)		
N/A		

The date of each amendment(s) as date this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	33
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
June 1, 201 Dated	5
Signature	leb de
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Robert W. Bull, Jr.
	(Typed or printed name of person signing)
	President
	(Title of person signing)