595751

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ___ Network Access Consultants of Central FLorida **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN LEWIS Name of Contact Person NETWORK ACCESS CONSULTANTS OF CENTRAL FLORIDA Firm/ Company 114 N HAMPTON CT Address SANFORD, FLORIDA 32773 City/ State and Zip Code FLAJACK56@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN LEWIS 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 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation**

Articles of A	mendment			
to				
Articles of Inc	orporation Open April 1			
of				
NETWORK ACCESS CONSULTANTS OF CENTRAL FLORIDA	orporation y filed with the Florida Dept. of State)			
(Name of Corporation as currently filed with the Florida Dept. of State)				
S95751				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	The new			
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	114N HAMPION of Sonford, The 32773			
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address Name of New Registered Agent				
(Florida street address)				

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

Florida,

(Zip Code)

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>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	CFO	JOHN LEWIS	114 N HAMPTON CT
X Add			SANFORD, FL 32773
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	- #
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	,			
	<u></u>			
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)				

The date of each amendment(s) adde this document was signed.	doption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
03/14/2018		
Dated		
Signature	Jel Le	
Signature	irector, president or other officer – if directors or officers have not been	
Gelecte	d, by an incorporator — if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	JOHN LEWIS	
	(Typed or printed name of person signing)	
	CHIEF FINANCIAL OFFICER	
	(Title of person signing)	