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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: OCP Delaware Corp (Flo	orida), Optical Crime Prevention, Inc. (Name of Corporation)
DOCUMENT NUMBER:	
The enclosed <i>Resolution of the Board of Dia</i> fee are submitted for filing.	rectors to Withdraw the Alternate name for use in Florida and
Please return all correspondence concerning	this matter to the following:
John DuBois (Name of Contact Person)	
Optical Crime Prevention, Inc/DBA OCP (Firm/Company)	Delaware Corp (FL)
18495 S. Dixie Hwy, PMB 107 (Address)	
Cutler Bay, FL 33157 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
John DuBois (Name of Contact Person)	at (786) 888-4000 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flor	rida Department of State for the following amount:
\$35.00 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)
Division of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E124 (8/08)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned John DuBois (Name)	, do hereby certify
that this Resolution of the Board of Directors of Optical Crime Prevention, In	c (of DE)
(Name of Corporation)	,
a corporation duly organized and existing under the laws of Delaware (State or Country)	y)
was adopted on Sept 18, 2008	withdrawing the alternate
name of OCP Delaware Corp (Current Alternate Name)	·
in Florida as its real name is available in Florida.	
Date: 4/16/2010	$\overline{E}_{\underline{a}}$

Signature of Chairman, Vice Chairman of the Board, a director or any officer

(TOHN DV BOIS)

FILING FILING FEE \$35

Make checks payable to Florida Department of State and mail to: **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

President

Title of person signing