## 0600015120

(Requestor's Name)  (Address)				
(Address)	4002047928			
(City/State/Zip/Phone #)	04/28/110103600			
(Business Entity Name)	34720711 01030 00.			
(Document Number)	S政 TALL			
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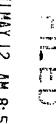
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2011 MAY 12 AM 8: 5



## **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: WILLIAM I NVES	tisative Services, Ind
DOCUMENT NUMBER: \$\partial 06000/5/200	
The enclosed Articles of Amendment and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the foll	lowing:
Robert L. Zurfli.	• -
Name of Contact Person	n
William Investigative S	ervices, Inc
4506 SLeepy Holbin 1	1gre
PLAN CITY City/State and Zip Cod	565
RWILKINSPI G E-mail address: (to be used for future annual rep	DGMAIL. COM
For further information concerning this matter, please call:  Robert L. Zurflich at (813)  Name of Contact Person Area Co.	376-0412 de & Daytime Telephone Number
Enclosed is a cheef for the following amount made payable to the	Florida Department of State:
Spriling Fee & Street Address Street Address	
Amendment Section Amendment S Division of C P.O. Box 6327 Division of C Clifton Buildi	Section orporations

Tallahassec, FL 32301

	Articles of Ame to Articles of Incorp			2011	WAS.
Wilking Inve					12 Ay 8. 2
P0600015	1200 aber of Corporation				FLORIOS
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:		this <i>Florida P</i>	rofit Corporation	adopts the	following es, INC.)
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word "chartered,"	he word "corporedesignation "Corp	ation, "compa o," "Inc," or "C	iny," or "incorp To". A professio	The i	iew the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC					
D. If amending the registered agent and/or renew registered agent and/or the new regis			a, enter the name	e of the	
Name of New Registered Agent:					
New Registered Office Address:	(Florida	street address)			
-	(City)		, Florida (Zip Code)		
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as			ot the obligations	of the positio	n.
Si	gnature of New Re	gistered Agent, i	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)

Title Address Type of Action Name ☐ Add ☐ Remove \_\_\_\_\_ 🔲 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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) ad		06/1	5/20	11	<u>.</u>
Effective date if applicable:	(d	late of adopt	ionlif required	h	
(no	nore than 90 da	ys after ame	nament file do	ite)	
Adoption of Amendment(s)	(CHEC)	K ONE)			
The amendment(s) was/were add by the shareholders was/were su			he number of	votes cast for	the amendment(s)
The amendment(s) was/were app must be separately provided for					
"The number of votes cast f	or the amendme	nt(s) was/we	ere sufficient f	or approval	
by	ng group)				
(voti	ng group)				
The amendment(s) was/were add action was not required.	opted by the boar	rd of directo	rs without sha	reholder actio	n and shareholder
The amendment(s) was/were add action was not required.	opted by the inco	orporators w	ithout shareho	lder action and	d shareholder
Dated	105/201	/	_		
Signature	1/1				
(By a dis sele <b>ct</b> d,	ector president of by an incorporati I fiduciary by th	tor – if in th	e hands of a re		
_0	Robert	L.	Zurf	lieh	
. (	Preside	or printed na	ame of person	signing)	
	(Title of per	son signing	)		