## P180000 73515

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## . COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 2Safe Software Co	prporation	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are se	ibmitted for filing.	
Please return all corres	condence concerning this ma	atter to the following:	
1	Louana Oliveira		
-		Name of Contact Perso	n
	Avros Corporation		
-		Firm/ Company	
:	306 Verona Street, Suite 1		
-		Address	
1	Kissimmee, FL 34741		
-		City/ State and Zip Cod	e
		,	
louana	@avros.us		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
	concerning and matter, pieu	or carr.	
Louana Oliveira		at (305	904-6643
Name o	e of Contact Person at (305 ) 904-6643  Area Code & Daytime Tele		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
	_		
☑ 335 Filing Fee	□S43.75 Fiting Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mai</u> li	ng Address	<u>St</u> reet	Address
Amer	idment Section	Ameno	lment Section
	ion of Corporations		on of Corporations
	Box 6327		Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2Safe Software Corporation

(Name of Corporation as currently	ly filed with the Florida Dept, of Stat	e)		
P18000073515				
(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following	g amendn	ient(s) t
A. If amending name, enter the new name of the corporation:				
i4files Corporation			The ne	'\c'
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation"	'Co". A professional corporation nan		- bbreviatio	n
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		· · · · · ·		
	•	· · · · ·	9	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			50	
			-	- [
		· · · ·	3	۱۱ <u>۱</u> 
			جِيَ—	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		Ħ.	99	
Name of New Registered Agent				
(Florida str	vet address)			
New Registered Office Address.	, Florida_			
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the p	osition.		
Signature of New R	legistered 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3)Change		<del></del>		<u> </u>
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
	•	_	<del></del>	
Add				
Remove				
6) Change		_		
Add				Mark
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
-provisions for implementing the amor	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
date this document was signed
Effective date if applicable:
trai more than 90 days after amendment tile datet
Note: If the date inserted in this block does not meet the applicable stannory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHFCK ONL)
4 The amendments) was were adopted by the shareholders—The number of votes cast for the amendments) by the shareholders was were sufficient for approva.
☐ The innendment(s) was were approved by the shareholders through voting aroups. The following statement must be separately provided for each voting, error carried to vote separately on the omendments:
"The number of votest east for the amendmentis) was were sufficient for approval
ey
Pounta off
☐ The amendment(s) was were adopted by the boare of discours without shareholder action and shareholder usion was not required.
☐ The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action and shareholder action was not required.
Openature  Oby a director, president or affect different different difficults have not been selected, by an interportation of an the hands of a recover, trustee, or other court appointed fiducial. by the religious property of the curve
The following trained sperson signings
Experience of the state of the