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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ect, Inc	
N12000000403		
DOCUMENT NUMBER:	·	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Trent Steele		
	(Name of Contact Perso	n)
Anti-Predator Project, Inc		
	(Firm/ Company)	
8950 SW 74th Ct, Suite 2201 B-2		
	(Address)	
Miami, Florida 33177		
	(City/ State and Zip Coo	de)
t.steele@antipredatorproject.org		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Trent Steele	30 at	609-1918
(Name of Contact Perso		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

Articles of Amendment to Articles of Incorporation of

Arti	cles of Amendment to		•
Artic	les of Incorporation		10/5
and Builton Burk and	of		Algebra Algebra
nti-Predator Project, Inc			
(Name of Corporation as curr	ently filed with the Flori	ida Dept. of State)	
1200000403			हिंगी
(Document Nur	nber of Corporation (if kr	nown)	11 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
suant to the provisions of section 617.1006, Florida State endment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i> r	r Profit Corporation add	92
If amending name, enter the new name of the corpor	ation:		
Α			Th
me must be distinguishable and contain the word "corpo	ration" or "incorporated	l" or the abbreviation "	The newTorp." or "Inc."
ompany" or "Co." may not be used in the name.	•		•
Enter new principal office address, if applicable:	8950 SW 74th Ct		
incipal office address <u>MUST BE A STREET ADDRES</u>	Suite, 2201 B-2		
		 	
	Miami, FL 33156		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 770157		
<u></u>	Miami, Florida 33177	i	
If any all a should have been all as the state of the sta			
f amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent:			
N/A			_
	(Flo	orida street address)	
New Registered Office Address:			
N/A		, Florida	
	(City)	(Zip Ce	ode)
Desirational Assessed Character 16 1 2 2	J. A		
w Registered Agent's Signature, if changing Registered areby accept the appointment as registered agent. I am	ta Agent: familiar with and accent	the obligations of the n	osition
y -r arrangement and organical agents. I am	, a and docopt	Jonganion of me pe	er er er firet fille
	Signature of New Registe	ared Ament 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 X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			•
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			

	e date of each amendment this document was signed		_, if other than the
Effe	ective date <u>if applicable</u> :	October 4, 2016	·
		(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
4de	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
=	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Octob	per 4, 2016	
	Signature	with that	
	have	c chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Tre	ent Steele	
	-	(Typed or printed name of person signing)	
	Pre	esident and Chairman	
	 -	(Title of person signing)	