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SECRETARY OF STATE ONS DIVISION OF GORPORAFIONS

Amend/Mane (1a 3/13/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Find My P	Killer, Inc.	
DOCUMENT NUMBER: N1500000	788	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Clifford R. Backmann		
	(Name of Contact Person	n)
	(Firm/ Company)	
1471 Laurel Way	, , , , , , , , , , , , , , , , , , ,	
	(Address)	
Atlantic Beach, FL 3223	3	
	(City/ State and Zip Cod	e)
ryan.backmann@	•	
E-mail address: (to be used For further information concerning this matter, please	•	notification)
Clifford Backmann	at (904) 514-9847 (Area Code & Daytime Telephone Number	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
☐ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Find My Killer, Inc.			
(Name of Corporation as current	ly filed with the Fi	lorida Dept. of State)	
N15000000788			
(Doc	ument Number of C	Corporation (if known)	
Pursuant to the provisions of section 617. Immendment(s) to its Articles of Incorporate		tes, this Florida Not For Profit Corporation adopts t	he following
A. <u>If amending name, enter the new na</u> Project Cold Case, Ir		ation:	
		ation" or "incorporated" or the abbreviation "Corp.	The new ." or "Inc."
<u>"Company" or "Co." may not be used in</u>	the name.		旦.
3. Enter new principal office address,		N/A	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS	E) N/A	3
		N/A	_ 20
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	13245 Atlantic Blvd.	MISHIR TO PHIS IN
,		Suite #4-352	_ 5
		Jacksonville, FL 32225	
D. If amending the registered agent an new registered agent and/or the new		fice address in Florida, enter the name of the	
Name of New Registered Agent:	N/A	TP	
	N/A		
New Besistand Office Address		(Florida street address)	
New Registered Office Address:	N/A	, Florida N/A	
	(City	(Zip Co	ide)
New Registered Agent's Signature. If cl Thereby accept the appointment as regist		d Agent: amiliar with and accept the obligations of the position	n.
	Signature of New	w Registered Agent, if changing	

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				~
2) Change		_		
Add				
Remove				
3) Change		_		
Add				** · · · · · · · · · · · · · · · · · ·
Remove				
4) Change				
Add		_		
Remove				
S) Change				
5) Change				
Add				
Remove				
6) Change		.		
Add				
Remove				

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
I/A				
		<u>.</u>		
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		* *************************************	······································	
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The	, if other than the		
uau	e this document was signed ective date <u>if applicable</u> :	3/4/2015 3/4/2015	
		(no more than 90 days after amendment file date)	
Ade	option of Amendment(s)	(CHECK ONE)	
	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 o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 3/4	/2015	
	Signature	tulif Kons	
	have i	e 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)	
	Richa	rd Komando	
	***************************************	(Typed or printed name of person signing)	
	Chairr	man	
		(Title of person signing)	