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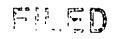
COVER LETTER

TO: Amendment Section Division of Corporations

ATION: D & H PROFESSI	ONAL INVES	TIGATIVE	SERVICES, INC.		
f Amendment and fee are su	bmitted for fill	ng.			
ondence concerning this ma	tter to the follo	wing:			
Jadean C. Gregor					
	Name of C	ontact Person	n		
atlantic Nonlawver Services.	. Inc.				
<u> </u>		Zampanu			
592 N. Hwy. A1A	rnn» (Company			
		dress			
atellite Beach, FL 32937	710	aress			
	City/ State	and Zip Cod	e		
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<u>-</u>					
E-mail address: (to be us	sed for future a	nnual report	notification)		
concerning this matter, pleas	se call:				
		,321	773-2020		
Contact Person	at (de & Daytime Telephone Number		
			·		
the following amount made	payable to the	Florida Depa	artment of State:		
☐S43.75 Filing Fee & Certificate of Status	Certified ((Additiona	Copy Il copy is	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		
Amendment Section			Amendment Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
	Amendment and fee are sure ondence concerning this manufacture. Gregor Atlantic Nonlawyer Services 592 N. Hwy. A1A atellite Beach, FL 32937 lanticnonlawyer.com E-mail address: (to be use concerning this matter, please concerning this matter, please concerning this matter. Please concerning this matter. Contact Person the following amount made \$\Begin{align*} \S43.75 \text{ Filing Fee & Certificate of Status} \end{align*} \text{define Address diment Section on of Corporations Box 6327}	Amendment and fee are submitted for fill ondence concerning this matter to the followater of the following amount made payable to the following amount made payable	Amendment and fee are submitted for filing. Indean C. Gregor Name of Contact Personatiantic Nonlawyer Services, Inc. Firm/ Company 592 N. Hwy. A1A Address atellite Beach, FL 32937 City/ State and Zip Cod lanticnonlawyer.com E-mail address: (to be used for future annual report concerning this matter, please call: at (Area Co the following amount made payable to the Florida Depa TS43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Ing Address dment Section on of Corporations Box 6327 Street Amendon Orivisional Colifton City/ State and Zip Cod Amendon Orivisional Copy (Additional Copy is enclosed)		

Tallahassee, FL 32301

Articles of Amendment



2019 HAY 17 PM 12: 05

to	
Articles of Inc	orporation
of	-
& HIDDOCUCCIONAL INVECTICATIVE CEDVICES INC	

(Name of Corporation as curr	rently filed with the Florida Dept. of State),, , ,
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>i</u>
n/a	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviation	vation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
N/A	······
Name of New Registered Agent	
	a street address)
NIA	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of Ne	ew Registered 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>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	KATHERN R. HENDERSON	570 Park Ave.
x Add			Satellite Beach, FL 32937
Remove			
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		_
Remove			

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)	(Attach 'A	additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	A		
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	provi	sions for implementing the amendment if not contained in the amendment itself:	
/A		if not applicable, indicate N/A)	
	/A 		
	•		

milia di la ara	Date this document is signed 5/14/2019	, if other than th
date this document was signed.	adoption:	. Il other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	1
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1/
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were accaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	5/14/19	
Signature	Hulle	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
аррог	nted fiduciary by that fiduciary)	
	Aubrey E. Henderson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	