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•		COVER LETTER		19 HOV 13 M 9: 12
TO: Amendment Sec Division of Con				15 G
NAME OF CORPO	PRATION: D& H PROFESSI	IONAL INVESTIGATIVE	SERVICES, INC.	99.
DOCUMENT NUM	IBER: P01000121451			ئ. دئ
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	NADEAN C. GREGOR	C		
		Name of Contact Person	n	
	ATLANTIC NONLAWYER	SERVICES, INC.		
		Firm/ Company		
	1592 N. Hwy. A1A			
	a b . m	Address		
	Satellite Beach, FL 32937			
		City/ State and Zip Code	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
NADEAN C. GREG	OR	at (³²¹	773-2020	
Name	of Contact Person		de & Daytime Telephone Number	··
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)



D H PROFESSIONAL INVESTIGATIVE SERVICES, INC.

P01000121451	<i>(</i> 20
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
n/a	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>n/a</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: n/a	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
Signature of New	regionered rigerii, ij enunging

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 Doe		
X Remove	<u>v</u>	Mike Jon		
X Add	<u>SV</u>	Sally Sm	ı <u>th</u>	
Type of Action (Check One)	Title	•	<u>Name</u>	<u>Addres</u> s
1) Change	VP		KATHERN R. HENDERSON	570 Park Ave.
Add x Remove				Satellite Beach, FL 32937
2) Change	VP		DANA M. HENDERSON	4613 Frisco Circle
X Add				Orlando, FL 32808
Remove				
3) Change			.	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				· · ·
6) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
n/a
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)
n/a

t The date of each amendment(s	adoption: 10/31/2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	10/31/19	
Signature	AudMenl	
(By sele	a director, president or other officer – if directors or officers have not bee eted, by an incorporator – if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	
	AUBREY E. HENDERSON	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u> </u>