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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sureway Investigations. Inc.	·
DOCUMENT NUMBER: P0200039806	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Humberto Cruz (Name of Contact Person)	
Sureway Investigations	
(company)	
1021 NW 202 5+. (Address)	
Miami, FC 33169 (City/ State and Zip Code)	
(City/ State and Zip Code) For further information concerning this matter, please call:	
Benjamin Hernander at (954) 520 9704 (Name of Contact Person) (Area Code & Daytime Telephone Numb	per)
Enclosed is a check for the following amount made payable to the Florida Department of State	te:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$43.75 Filing Fee \& Certificate \\ (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee \& Certificate \\ (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certificate \\ (Addition is enclosed) \$\bigcup \\$52.50 Filing Fee \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	e of Status Copy al Copy
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of	1 PM 3: 09
Sureway Investigations, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
PO200039806	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:

HUMBERTO CEUZ 1021 NW 202 ST (Florida street address) New Registered Office Address: MIAMI, Florida 33169 (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Mamending 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Humberto Cruz	1021 NW 202 St. Miami, FL 33169	Add Remove
			Add Remove
			_ 🗖 Add _ 🗖 Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
		, reclassification, or cancellation of is	
	ot applicable, indicate N/A)		
-			

The date of each amendment(s) adoption:				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	ere approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	12/15/08			
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
	Benjamin E. Hernande 2 (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			