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SECRETARY OF STATE TALLAHASSEE FLORIDA

Amendou-10 1/23/09

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Schneider
Name of Contact Person Undercover Surveillance, Inc. Firm/ Company 101 N. St RL -E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Schneiler at (954) 553-2761

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to . Articles of Incorporation



(Name of Corporation as curi	rently filed with the Flori		
P03000047		·	
	mber of Corporation (if kn	own)	
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:		Florida Profit Corporation adopts the fol	lowir
If amending name, enter the new name of	of the corporation:		
		The new	v
ne must be distinguishable and contain previation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pr	e designation "Corp," "In	c," or "Co". A professional corporation	
Enter new principal office address, if ap	nliaghla.	·	
incipal office address <u>MUST BE A STREE</u>			
			,
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		•	
If amending the registered agent and/or	rogistared office address	in Florida, enter the name of the	
new registered agent and/or the new reg		in Florida, enter the name of the	
Name of New Registered Agent:			
Hame by New Registered Figent.			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	· (City)	(Zip Code)	
w Registered Agent's Signature, if chang	ing Registered Agents		

Signature of New Registered Agent, if changing

Lift 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>CFO</u>	Charles Schunb	6901 Environ Blul APT JF Luderhill, FL 33319	✓ Add ☐ Remove
		-	☐ Add ☐ Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be speci		
	•		
	·		
provisions	ndment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		
		•	
	,		

The date of each amendment(s)	adoption: 9/41/09
Effective date if applicable:	(date of adoption is required)
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	oting group)
(vi	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	9/21/09.
Signature	
selecte	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 ited fiduciary by that fiduciary)
· -	Scott Schneidev (Typed or printed name of person signing)
	(1) ped of printed name of person signing)
-	(Title of person signing)