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(City/State/Zip/Phone #)

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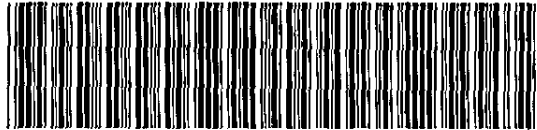
(Business Entity Name)

(Document Number)

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3/22/05
Amend
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 14 AM 8:26

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Secure Datacom, Inc.

DOCUMENT NUMBER: P04000139828

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patti Wells
(Name of Contact Person)

Secure Datacom, Inc.
(Firm/ Company)

12404 SW 1 Street
(Address)

Coral Springs, FL 33071
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Patti Wells at (954) 410-6274
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Secure Datacom, Inc.

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

FILED

05 MAR 14 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P04000139828

(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:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article II - Principal Office: 12404 SW 1 Street, Coral Springs, FL 33071 (AMEND)

Article V - Officers/Directors:

Director/President: Patti Wells, 12404 SW 1 Street, Coral Springs, FL 33071 (AMEND)

Secretary: (DELETE)

Article VI - Registered Agent: Patti Wells, 12404 SW 1 Street, Coral Springs, FL 33071 (AMEND)

(Attach additional pages if necessary)

If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: March 10, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

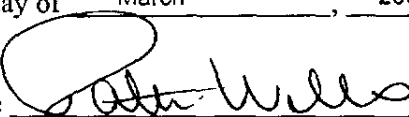
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 10th day of March, 2005.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Patti Wells

(Typed or printed name of person signing)

Director/President

(Title of person signing)

FILING FEE: \$35