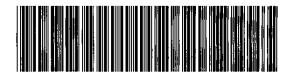
# P06000026752

(Re	questor's Name)	
(Ad	dress)	
•	•	
(Address)		
DA)	aress)	•
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERPOL INVESTIGATION AGENCY, INC.						
DOCUMENT N	DOCUMENT NUMBER: P06000026752					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Emmanuel P. Senecharles					
	Name of Contact Person					
	INTERPOL INVESTIGATION AGENCY, INC					
	Firm/ Company					
	20801 BISCAYNE BOULEVARD					
	SUITE 403					
	Address					
	AVENTURA, FLORIDA 33180					
	City/ State and Zip Code					
	INTERPOLINVESTIGATION@HOTMAIL.COM					
	E-mail address: (to be used for future annual report notification)					

#### Articles of Amendment to Articles of Incorporation of

## INTERPOL INVESTIGATION AGENCY, INC.

P06000026	6752			
(Document Number of	f Corporation (if knov	vn)	_	
ursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	a Profit Corporation a	adopts the fol	llowing
A. If amending name, enter the new name of the	corporation:			
INTELLIGENCE CORPORATION				
abbreviation "Corp.," "Inc.," or Co.," or the design must contain the word "chartered," "professional at B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD 20801 Biscayne Boulevard, Suite 403 Aventura, Florida 33180  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	oble:  DRESS)		ional corpor  SEUMETARY & STATE  TALLAHASSEE, FLORIDA	ation nam
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in	Florida, enter the na	me of the	
Name of New Registered Agent:	NIA			
New Registered Office Address:	(Florida street ad	ddress)		
	(City)	, Florio (Zip Code)	da	_
w Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	I am familiar with a	nd accept the obligat Agent, if changing	ions of the p	osition.

Page 1 of 4

# 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)

Title	Name	Address	Type of Action
	MA	NIA	Add Remove Add Remove
			Add Remove
	nding or adding additional Article a additional sheets, if necessary).		
	A)	'/ A	
	,		
pro	amendment provides for an exchavisions for implementing the amot applicable, indicate N/A)	nge, reclassification, or cancellation endment if not contained in the	n of issued shares, amendment itself:
	N/ F		
- <del>- 1</del> 11			V

The date of each amendment(s) a	adoption:	9/23/10
	(date of adoption	of is regulated)
Effective date <u>if applicable:</u>		// ///
(n	o more than 90 days after am	'ndinghi file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were s		number of votes cast for the amendment(s)
		ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/we	re sufficient for approval
by(voi	ing group)	,,,
The amendment(s) was/were ado action was not required.	pted by the board of directors v	without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators with	out shareholder action and shareholder
Dated	1/23/2010	
selected		cer – if directors or officers have not been hands of a receiver, trustee, or other court
_	FMMANUE/ (Typed or printed name	ne of person signing)
<u> </u>	Chief the	who (//fler