P07000004131

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Amendhiane

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Intel</u>	Protect,	Jnc
DOCUMENT NUMBER: PO7000	004131	·
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Lietter Mar	Name of Contact Person	Samble
Intel Proti	cot, Inc.	
8740 Cresh	epte Cicl-	<u>e</u>
Octando,	City/ State and Zip Cod	
Liettagen E-mail address (to be u	Sed for future annual report	. Cem
For further information concerning this matter, plea	se call:	
Lietta May Coltact Person	and Car (40) Area Co	3U1-5500 de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Intel Protect, Inc.		
P0700004131		···
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "con" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p"chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviatio	_The new in "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n A	
		7620
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	. · ·
	l	五 :
		<u></u>
	-	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street	(address)	
New Registered Office Address:	, Florida	
"	ityi (Zip C	(ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.	
Signature of New Reg	istered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)		

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.

X Change	<u>PT</u> <u>John</u>	n Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>v Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	CEO	Samo	ny Gamble	III <u>Pobox L</u> o Orlando,	<u>122</u> 86 FL3286
Remove					
2) Change					
Add					
Remove 3) Change		-	<u>_</u>		
Add					
Remove					
4) Change					
Add					
Remove					
51 Change	 -				
Add					
Remove					
6) Change					
Add					
Remove					

Atach <i>additional st</i>	ling additional Arti heets, if necessary).	(Be specific)	e <u>(s) here</u> :			
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rovisions for imp	provides for an excholementing the amer ble, indicate N/A)	ange, reclassifica ndment if not con	tained in the am	tion of issued sh endment itself:	ares,	
· 		<u> </u>				
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			_	.		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the afficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The followed each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
·	(voting group)	
selecte	irector, president or other officer- if directors or officers he d. by an incorporator - if in the hands of a receiver, trustee ted tiduciary by that tiduciary) Heta May eather General (Typed or printed name of person signing)	ave not been , or other court
	(Title of person signing)	