P09000012467

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	→ #)
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Alpha Omega Training and Compliance, Inc. 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: Brian P. Barnett Name of Contact Person Alpha Omega Training and Compliance, Inc. Firm/ Company 518 South Industry Road Address Cocoa, FL 32926 City/ State and Zip Code bbarnett@a-otc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian P. Barnett Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Alpha Omega Training and Compliance, Inc.

(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)
P09000012467		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
P. Fatou now principal office address if applicables		N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address if appli	inabla	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	Todd R. McDowell	
Name of New Registered Agent	108 S. Indian Circle	
		street address)
New Registered Office Address:	Cocoa	32922
		(City) , Florida (Zip Code)
		(2.17)
New Registered Agent's Signature, if c	hanging Registered Age	nt:
		r with and accept the obligations of the position.
	Signature of Nan	Registered Agent, if changing
	signature of New	Registered Agent, ij changing

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) X Change	<u>P</u>	Todd R. McDowell	108 S. Indian Circle	
Add			Cocoa, FL 32926	
Remove				
2) X Change	VP & S	Brian P. Barnett	311 Oceanside Blvd.	
Add			Indialantic, FL 32903	
Remove				
3) Change				
Add				
Remove				
4) Change	<u></u>	- <u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			30 W 30 V 2 7 V 2 V 1	

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	-
	-
-	
. If an amandment provider for an eval	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 9	duys after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to a	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
selected, by an incorporator – if in the	er – if directors or officers have not been hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed n	ame of person signing)
Vice Pres (Title o	ident 3 Sicultary f person signing)