## P09000037264

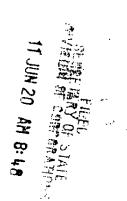
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Amend . N. C.

**C.COULLIETTE** 

JUN 21 2011

**EXAMINER** 

Couer letter

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:ELITE	IMVESTIGATION	SERVICES, INC	
DOCUMENT NUMBER: PO 9 000	0037264	****	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
MICHAEL T Name	ENFEHIZ of Contact Person		
FLITE INVESTIC	THATTOH SERVICES	, 146	
PO BOX 27	6092 Address		
BOCA RATOM,	FL 33437 tate and Zip Code		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MICHAEL TEAFEHR  Name of Contact Person	at (954) 650-4 Area Code & Daytime Tele	7/9 phone Number	
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:	
\$35 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

## to Articles of Incorporation of

(Name of Corporation as currently file	
P09000372 (Document Number of C	<del></del>
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:
name must be distinguishable and contain the wor	The new action "Corp," "Inc," or "Co". A professional corporation al association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable	303 GARDEMIA ST
(Principal office address <u>MUST BE A STREET ADDI</u>	SUITE 6
	WEST PALM BEACH, FL 33401
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<del>-</del>
	BOCA PATOH, FL 33427
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position
Signature	e of New Registered Agent, if changing

## removed and time, name, and address of each Officer and/or director being added: (Attach additional sheets, if necessary) **Title Name** Address **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

Effective date if annlicable:	(aaie oj aaopiion is reguirea)
in apprension	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	6.14-11
Signature _	N-A
(By	a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	UILE TRESIDEMT (Title of person signing)
	(Title of person signing)