## P09000038152

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORI                     | PORATION:                                  | Zucker Forensics, Inc.  |   |  |  |  |  |
|----------------------------------|--|---|---|--|--|--|--|
| DOCUMENT NU                      | JMBER:                                     | P09000038152  |   |  |  |  |  |
| The enclosed Artic               | cles of Amendment and fee a                | are submitted for filing.   |   |  |  |  |  |
| Please return all co             | orrespondence concerning th                | is matter to the following:   |   |  |  |  |  |
|                                  | Annette Matika                             |   |   |  |  |  |  |
|                                  | Ŋ  | Name of Contact Person  |   |  |  |  |  |
|                                  | Zucker Forensics, Inc.                     |   |   |  |  |  |  |
| Firm/ Company                    |  |   |   |  |  |  |  |
| 1801 N Military Trail, Suite 160 |  |   |   |  |  |  |  |
| Address                          |  |   |   |  |  |  |  |
|                                  |  | ca Raton, FL 33431  |   |  |  |  |  |
|                                  |  | City/ State and Zip Code  |   |  |  |  |  |
|                                  | cleon@z                                    | uckerforensics.com  |   |  |  |  |  |
|                                  | E-mail address: (to be use                 | d for future annual report notification)  |   |  |  |  |  |
| For further inform               | ation concerning this matter,              | please call:  |   |  |  |  |  |
|                                  | Anette Matika                              | at ( 561 ) 39   | 2-5779  |  |  |  |  |
| Name                             | e of Contact Person                        | Area Code & Daytime Tele  |   |  |  |  |  |
| Enclosed is a chec               | k for the following amount n               | nade payable to the Florida Departr   | ment of State:  |  |  |  |  |
| ☑ \$35 Filing Fee                | \$43.75 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) |  |  |  |  |
| P.O. Box 6                       | nt Section<br>f Corporations               | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | ,   |  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

State of the state

| Zucker Fo   | rensics, Inc.                  | da Dept. of State)                    | <i>F</i>        |
|---|--------------------------------|---------------------------------------|-----------------|
| (Name of Corporation as currently   | <u>y filed with the Florid</u> | da Dept. of State)                    | re<br>re        |
| P0900   | 0038152                        | SECRETARY OF STA<br>TALLAHASSEE, FLOR | TF.             |
| (Document Number  | of Corporation (if kno         | own)                                  | IDA             |
| Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:   | 'lorida Statutes, this F       | Florida Profit Corporation adopts th  | ne föllowing    |
| A. If amending name, enter the new name of the  | e corporation:                 |                                       |                 |
| Zucker 4  | ensics, Inc.                   | The                                   | e new           |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess | signation "Corp,","Inc         | nc," or "Co". A professional corpor   | r the<br>ration |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A  |                                |                                       |                 |
| (1  |                                |                                       |                 |
|   |                                |                                       |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   | <u>BOX</u> )                   |                                       |                 |
| D. If amending the registered agent and/or regis  | stered office address i        | in Florida, enter the name of the     |                 |
| new registered agent and/or the new register  |                                | in 1 joy land enter the name of the   |                 |
| Name of New Registered Agent:   |                                |                                       |                 |
| Name of New Registered Agent.   |                                |                                       |                 |
| New Registered Office Address:  | (Florida street address)       |                                       |                 |
|   |                                | , Florida                             | <del></del>     |
|   | (City)                         | (Zip Code)                            |                 |
| New Registered Agent's Signature, if changing F<br>I hereby accept the appointment as registered agen   |                                | and accept the obligations of the pos | ition.          |
| Sion  | atura of New Pagistara         | ad Agant if 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) **Title** <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove ☐ 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) N/A

| The date of each amendment(s) adoption:  |  |                    | 8-             | 18-1           | 0                |
|--|--|--------------------|----------------|----------------|------------------|
|  |  | (date of adopti    | on is require  | d)             |                  |
| Effective date <u>if applicable</u> :  | (no more than 90   | ) days after amer  | ndment file de | ate)           |                  |
| Adoption of Amendment(s)   | (СН  | ECK ONE)           |                |                |                  |
| The amendment(s) was/wer by the shareholders was/we                            |  |                    | e number of    | votes cast for | the amendment(s) |
| The amendment(s) was/wer must be separately provided                           |  |                    |                |                |                  |
| "The number of votes of  | east for the amend   | ment(s) was/wer    | e sufficient f | or approval    |                  |
| by   |  |                    | .,,,           |                |                  |
| ,  | (voting group)   |                    |                |                |                  |
| ☐ The amendment(s) was/wer action was not required. ☐ The amendment(s) was/wer |  |                    |                |                |                  |
| action was not required.   | e adopted by the t   | nicorporators wit  | mout sharenc   | nder action an | a shareholder    |
| Dated_8/18/  | 10   |                    |                |                |                  |
| Signature  |  | obt w              | ZWV            | Te             | <u>-</u>         |
| selec  | a director, preside<br>ted, by an incorpo<br>pinted fiduciary by | orator – if in the |                |                |                  |
|  |  | Robert W           | l. Zucker      |                |                  |
|  | (Тур   | ed or printed nan  | ne of person   | signing)       | <del></del>      |
|  |  | <del></del>        | ident          |                |                  |
|  | (Title of  | person signing)    |                |                |                  |