P09000066304

(F	Requestor's Name)	
A)	ddress)	
<u>(A</u>	Address)	
(C	City/State/Zip/Phone #	<u> </u>
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(E	Business Entity Name)
(Document Number)		
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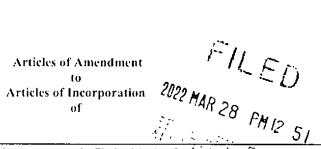
FILED 2022 HAR 28 PH 12 51

A RAMSEY APR 12 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: FCI Investigations		
	IBER: P09000066304		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Sally Anleu		
		Name of Contact Person	11
	FCI Investigations		
		Firm/ Company	
	310 E Jefferson Street		
		Address	
	Brooksville, FL 34601		
		City/ State and Zip Cod	e
	sanleu@fciinvestigations.con	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Sally Anleu		at (<u>352</u>	410-1467
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303



FCI Investigations, Inc

(Name	of Corporation as curren	atly filed with the Florida Dept. of State)
P09000066304		$\mathcal{F}(\mathcal{C},\mathcal{C}_{\mathcal{C}},\mathcal{C}_{\mathcal{C}})$
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation;	
N/A		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if annieghler	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl	icable:	N/A
(Mailing address MAY BE A POST	OFFICE BOX)	IN/A
D. It amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the ss:
Name of New Registered Agent	N/A	
Same of New Negative Algen	N/A	
	(Florida s	Areet address)
New Registered Office Address:	N/A	VIVI.
New Registered Office Address.		, Florida (City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		11: with and accept the obligations of the position.
2 martin marting markets		with the parties of the parties.
	Signature of New	Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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> 14</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PTS	Sally Anleu	310 E Jefferson Street
Add			Brooksville, FL 34601
Remove			
2) Change	V	Justin McGonigal	310 E Jefferson Street
XAdd			Brooksville, FL 34601
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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

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. .

	3/24/22	
The date of each amendment(s)	adoption:, if oth	er than the
date this document was signed.		
3/	24/22	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be I Department of State's records.	isted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Sally Anleu		
	(voting group)	
3/24/22		
Dated		
Signature 5	Aally (Mes)	
	director, president or other officer – if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	Sally Anleu	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	_