P09000099149

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	-
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	(Business Entity Name)	
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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Visual I mage Surveillance INC. DOCUMENT NUMBER: PO9000099149
DOCUMENT NUMBER: <u>P09000099749</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lynn Hutchinson Name of Contact Person
Visual Image Surveillance Inc.
2130 University Blud. N. Address
Tacksonville Florida 32211 City/ State and Zip Code
Lemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lywn Hotchinson at (904) 294-4324 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
,
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy

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

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

VI	13	7 0	
Visual T Surveillance INC.	- C-		
Visual I mage Surveillance INC. (Name of Corporation as currently filed with the Florida Dept. of State)	7.3		
		2	 3
PO9000099749 (Document Number of Corporation (if known)	ر نځ	<u>₩</u>	
· · · · · · · · · · · · · · · · · · ·		22.	्रकी सम्बद्धाः
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fol its Articles of Incorporation:	lowing	amendi	nent(s) to
A. If amending name, enter the new name of the corporation:			
		The n	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tack sourille Fl. 3	322	_11	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2130 Universe Vacksonville F	ity.	Blva 2-2-1	-],w. !/
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent 2130 University Blvd. (Florida street address)	N.	-	1
New Registered Office Address: Jackson VIIIe , Florida_	32 (Zip)	-2 1 Code)	<u> </u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	osition.	_	
Signature of New Registered Agent, 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)

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 = ChiejExecutive 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 Y Mike Jones X Add SV Saily Smith Type of Action (Check One) 1) _ Change Add Remove 2) _ Change Add X Remove 3) _ Change	Mike Jones, V as Remove	, and Sall	ly Smith.	SV as an Add.	
X Add X Add SV Sally Smith Type of Action (Check One) 1) _ Change	•	<u>PT</u>	John Do	<u>oc</u>	
Type of Action (Check One) Type of Action (Check One) Change Add Remove Alex Mindra 13593 Csper Roint D. Tacksonville F! 322 Add X Remove Alex Mindra Tacksonville F! 3222 Add X Remove Alex Mindra Tacksonville F! 3222 Add X Remove Alex Mindra Tacksonville F! 3222 Add X Remove Add X Remove Add X Remove Add Remove Add Remove Add Remove Add Remove Change Add Remove Add Remove	X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
Type of Action (Check One) 1) _ Change Add Remove 2) Change Add	<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
AddRemove 2)Change		<u>Title</u>		<u>Name</u>	Address
Remove 2) Change	1) Change	_		/	, , , , , , , , , , , , , , , , , , ,
2) _ Change	Add				
Add X Remove 3) _ Change	Remove				
X Remove 135930spery Point Dr. 3)	2) Change	<u> Q</u> w.	ser	AlexMindra	13593 OsperyPoint Di
Change Tres Alex Mindra Jackson Wille 17.3222 Add X Remove 4) X Change PS Lynn M, Hutin Son 2130 University Add Jackson Wille, Remove 5) Change Add Remove 6) Change					135930 spery Point Dr.
X Remove Add Remove Change Add Remove Change Change Change Change		Tre	<u>25</u>	AlexMindra	Jacksonville F1.3222
4) X Change PS Lynn M. Hutin Son 2130 University Add Remove	Add				
Add		D	C	1 years on Hutings	n 2130 University
Remove	•		<u> </u>	~ VIII III III III	-Jacksonville,
Add Remove 6) Change					<u> FL 32211</u>
Remove	5) Change				
6) Change	_				
Auu	· —				
Remove					

f amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be speci	ific)
,	
_	
. If an amendment provides for an exchange, re	classification, or cancellation of issued shares,
provisions for implementing the amendment (if not applicable, indicate N/A)	If not contained in the amenances
() to -1 +	sfShares
Current Status	460000
Lynn Hutchinson	4,500,000
Alex Mindra	4,500,000
D. II R	1,000,000
pill Dea	The transfer of the same
New or a mended	status of Shares
LVNN Hutchinson	9,000,000
R: (1 Row)	1,000,000

The date of each amendment(s) adoption: 3'/1/2519	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
(The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 63/1/2019	
Signature Lynn Hatchina	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Lywhtotchinson (Typed or printed name of person signing)	
(1) year of printed fainte of person signing)	
Pras, dant (Title of person signing)	
(Title of person signing)	