# P1000002828

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	The Identity Management Group Company
DOCUMENT NUMBER:	P10000002828
The enclosed Articles of Amend	nent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	SPIEGEL & UTRERA, P.A
	Name of Contact Person
	SPIEGEL & UTRERA, P.A
	Firm/ Company
	1840 SW 22ND ST 4TH FLOOR
<del></del>	Address
	MIAMI FL 33145
	City/ State and Zip Code
E-mail a	imglabels@gmail.com dress: (to be used for future annual report notification)
For further information concerni	g this matter, please call:
Wilhem Blanch	ard at ( 786 ) 291- 2927
Name of Contact Perso	Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	ing Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed) 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

### **Articles of Amendment Articles of Incorporation** of

## The Identity Management Group Company

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P10000002828

(Document Number of Corporation (if known)

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Identity	B2B Corporation		The ne
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word	designation "Corp," "Inc.	," or "Co". A professional	ted" or th corporatio
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>			DIVISION OF CURE OR
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in stered office address:	1 Florida, enter the name of	— ယ္ ဋ္ဌိ (the ယ
Name of New Registered Agent:	<del></del>		
	(Florida street a	ddress)	
New Registered Office Address:			
New Registered Office Address:		, Florida (Zip Code)	

# 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>CFO</u>	Reginald J. Anglade		
			□ Domous
(attach au	lditional sheets, if necessary). (Be	specific)	
provisio	nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)		
		,	

The date of each amendment(s)	adoption: 05-018-11
	(date of adoption is required)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
, ,	o more than you days tyler amenament file date,
Adoption of Amendment(s)	(CHECK ONE)
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 cast	for the amendment(s) was/were sufficient for approval
by	,,,
(vo	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated OS-	06-11
Signature	Vin Blato
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
_	Wilhem Blanchard
	(Typed or printed name of person signing)
_	Chairman
	(Title of person signing)