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SECRETARY OF STATE
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Amend

SEP 2 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LAW AND ORDER CONSULTING, INC DOCUMENT NUMBER: ____ P1000 00 Z816D The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAW AND ORDER CONSULTING, INC 6160 via tierra #1

Boca Ration Fl, 33433 TMOSS @ LAO SUPPLY. COM
E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: ali (727) 278 - 4808 Area Code & Daytime Telephone Number OAMES DUNCAN
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **■\$43.75 Filing Fee & ☐ \$43.75** Filing Fee & \$\$2.50 Filing Fee Certificate of Status **Certified Copy** Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

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-TALLAHAR	23 AM 10: 45 RY OF STATE EE, FLORID
~~\s	EE. FLORIDA

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

Dinopop 28 160

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Theme must be distinguishable and contain the word "corporation," "company," or "incorporated" abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporate must contain the word "chartered," "professional association," or the abbreviation "P.A."					
Enter new principal office address, if appli					
incipal office address MUST BE A STREET	(ADDREES)				
		-	·	-	
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	E BOX)				
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If amending the registered agent and/or re	· ·	address in Flarid	ls — t	the same of the	
new registered agent and/or the new regis			ARIA COM DES	the Habit Of the	
No.	1				
Name of New Registered Agent:					
No. Description (1)	<i>(T1</i>)				
New Registered Office Address:	(1·10/1	ida street address)	,		
	1			Florida	
-					

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

}		Address	Type of Action
ales	STEVEN LOVELL	802-BELL ARBOR	
		CARY NC 27519	☐ Remove
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	ing or adding additional Articles Iditional sheets, if necessary). (B		
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/P * S	Todd B Moss / 1	Vew Address 6160 Boca Raton	Via Lierra
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		nge, reclassification, or cancellation of	
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The date of each amendment(s) adoption	e 9/20/10			
	(date of adoption is required)			
Effective date if applicable: Oct 2010 (no more than 90 days after amendment file date)				
	;			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.			
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):			
	amendment(s) was/were sufficient for approval			
by(voting grou	-			
(voing grou	(47)			
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder			
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder			
Dated 9/20/	/ //			
Signature <u>fold</u> (By a director n	Myn resident or other officer - if directors or officers have not been			
selected, by an i	ncorporator - if in the hands of a receiver, trustee, or other court			
appointed fiduci	ary by that fiduciary)			
-1	(Typed or printed name of person signing)			
And the Angelon Control of the Angelon Contro	(Typed or printed name of person signing)			
	VP \$ S			
(Tid	tle of person signing)			