P10000039850

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SECRETARY OF STATE FALLAHASSEE, FLORIC

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	IPLETE INTERNAL CONTROLS, INC
DOCUMENT NUMBER: P100	00039850
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
THOMAS I	ANUZZ1
	Name of Contact Person
	Firm/ Company
2243 NE	15th DRIVE
JENSEN 2	Address BEACH FL 34957 City/ State and Zip Code
E-mail address: (to)	be used for future annual report notification)
For further information concerning this ma	atter, please call: 772
THOMAS TANUZZ Name of Contact Person	at (561) 781 7300 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (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 to Articles of Incorporation

of

FILED

Name of Corporation as curren	ntly filed with the Florida	Dept. of State AUG 7 PH '2: 54
P100000 39850		GEORETARY OF STATE
	ber of Corporation (if know	vn) TALLAHASSEE, FLORID#
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "profes	designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if appli	icable:	
(Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new registered	egistered office address in	Florida, enter the name of the
Name of New Registered Agent:	tereu omice address.	<u></u>
New Registered Office Address:	(Florida street ad	ddress)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar with a	nd accept the obligations of the position.

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	Address	Type of Action
72_	JOHN C ROBERS	PALM BEACH GROWN FL 33410	Add ► Remove
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec		
provis	amendment provides for an exchange, resions for implementing the amendment in the amendment		
	NIX	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 8/13/2015	
(date of adoption is required)	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Dated8/13/2010	
Signature (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)	_
(Typed or printed name of person signing)	
TREASURER TORPATOR REGISTERSO (Title of person signing) (Title of person signing)	, T