(Requestor's Name) (Address) (Address)	8002378193
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name)	07/30/1201036
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	3) F F 3:
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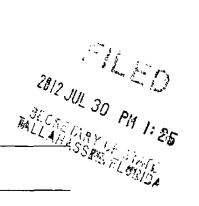
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: XL411,Inc.		
DOCUMENT NUMB	ER: P1000004203	7	
	f Amendment and fee are sul		
Please return all corresp	ondence concerning this mat	ter to the following:	
	Dennis Gordon		
-		Name of Contact Person	
	GoodInfo.com, In	C.	
-		Firm/ Company	
	8586 Potter Park	Drive, Suite 105	5
-		Address	
	Sarasota, Florida	34238	
-		City/ State and Zip Code	2
den	nis@goodinfo.co	m	
		ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Dennis Gordo	on	at (954	, 292.8036
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



XL411, Inc.

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

P10000042037

ent(s) to

(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>n:</u>
goodinfo.com, Inc.	The ner
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent N/A	
(Florie	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	
Signature of New Paginte	ared 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 = 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	PT John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEOD	John Haines	P.O. Box 27332
Add			Tampa, FL 33688
X Remove			
2) Change	VDS	Robert Gay	17 E. Old County Road
Add			Unit B, #141
X Remove			Hicksville, NY 11801
3) Change	CEOD	Todd Snapp	6604 Harney Road
X Add			Suite L
Remove			Tampa, FL 33610
4) Change	PDS	Dennis Gordon	19420 N.W. 7 Street
X Add			Pembroke Pines, FL 33029
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

(), described and a second of the control of	les, enter change(s) her (Be specific)		
/A			
	·		
	<u> </u>		
		-	
			
If an amendment provides for an exch	ange, reclassification, o	r cancellation of iss	ued shares, itself:
provisions for implementing the ame	ange, reclassification, o	r cancellation of iss in the amendment	<u>ued shares, itself:</u>
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on the desired in the desired in the contained in the desired in the des	r cancellation of iss in the amendment	<u>ued shares,</u> itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on adment if not contained	r cancellation of iss in the amendment	ued shares, itself:

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required. The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 7/24/12	2
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)
	Dennis Gordon
	(Typed or printed name of person signing)
	President & Chief Operating Officer
	ı U