P11000049587

(Red	questor's Name)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to I	Filing Officer:			





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NETARY OF STATE ANASSEE, FLORIDA

JUL 06 2016

I ALBRITTON



June 16, 2016

ARNOLD MIRANDA FINGERPRINT EXPRESS, INC. 2687 SW 25 TERR MIAMI, FL 33133

SUBJECT: FINGERPRINT EXPRESS, INC.

Ref. Number: P11000049587

We have received your document for FINGERPRINT EXPRESS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 116A00012667

Articles of Amendment Articles of Incorporation

	FINGERPRINT	EXPRESS INC	\$50 VIII
(Name of Corp	oration as current	ly filed with the Florida Dep	t. of State
	P110000	049587	To the same of the
(E	Ocument Number of	of Corporation (if known)	79.7
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Torida Statutes, this	Florida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new name of t	the corporation:		,
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or	"Co". A professional corpor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2687 SW 25 TERRACE	
		MIAMI FL 33133	
		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2687 SW 25 TERRACE	
		MIAMI FL 33133	
D. If amending the registered agent and/or re			ne of the
new registered agent and/or the new regist		<u>s:</u>	
Name of New Registered Agent	OLD MIRANDA		
0.407.0	·	reet address)	22122
New Registered Office Address: 2687 S	2687 SW 25 TERRACE MIAMI		, Florida 33133
		(City)	(Zip Code)
New Registered Agent's Signature, if changing	a Registered Agen	1•	
I hereby accept the appointment as registered ag			s of the position.
	/		
1/3		~	
$^{\cdot}$ \ $^{\prime}$	Signature of New 1	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 = 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add		-	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······································
, , ,	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment	07/01/2016	, if other than the
date this document was signed		, it other than the
date tills document was signed	07/01/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	t(s)
	e approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and sharehol	der
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
06/29. Dated	/2016	
Signature		
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	
	(Typed of printed name of person signing)	
	ARNOLD MIRANDA	
	(Title of person signing)	