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SECRETARY STATE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SAF ENTERPRISES, CO. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JON HEALY SR.

Name of Contact Person SAFENTERPRISES, CO Firm/Company 2871 N.OLEAN BLUD. V447

Address

BOCA RATON, FL. 33431

City/ State and Zip Code Lenail address: (to be used for future annual report notification) For further information concerning this matter, please call: TON O. HEALY SR. at (561) 201 6500

Name of Contact Person Area Code & Daytime Telephone Number 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 Fcc & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 **Division of Corporations**

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

16 APR 18 AHII: 19

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SAFENTERPRISES, CO. (Name of Corporation as of		SECRETARY	(N 1-1-
(Name of Corporation as c	currently filed with the l	Florida Dept! of State) 531	I FLORIDA
P11000085912			
(Document No	umber of Corporation (if	known)	
rsuant to the provisions of section 607.1006, Florida Statut Articles of Incorporation:	tes, this <i>Florida Profit Co</i>	orporation adopts the follow	ving amendment(s
If amending name, enter the new name of the corpora	tion:		
E-MARKETING CONCEPTS CORP *: me must be distinguishable and contain the word "con			The new
ime must be distinguishable and contain the word "con Corp.," "Inc.," or Co.," or the designation "Corp," "Inc ord "chartered," "professional association," or the abbrev	c," or "Co". A professi	or "incorporated" or the fonal corporation name mu	abbreviation st contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>		<u></u>
			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			All long
If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, e address:	enter the name of the	
Name of New Registered Agent			
	lorida street address)		
New Registered Office Address:		, Florida	
	(City)	(Z	(ip Code)
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		he obligations of the positio	n.
		11.0 11	

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)

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.

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		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	,
	<u> </u>
	10

The date of each amendment(s) adoption: 4.12. date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 9	I days after amendment file date)
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by(voting group)	. **
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
Dated4.12.16	
a:	
(By a director, president or other office	er – if directors or officers have not been hands of a receiver, trustee, or other court
Jo	NO. HEALY name of person signing)
(Typed or printed r	name of person signing)
	PRESIDENT
(Title o	PRESIDENT f person signing)