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NOV 05 2013 R. WHITE SECRETARY OF STATE
TALLAHASSEE, FLORINA

COVER LETTER

Division of Corporations NAME OF CORPORATION: Fraud Oracle, Inc. P12000092256 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Joseph C. Frechette, Jr. Name of Contact Person Attorney at Law Firm/ Company 10800 Biscayne Blvd. #620 North Miami, FL 33161 City/ State and Zip Code AttorneyJF@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph C. Frechette, Jr. 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 & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address

TO: Amendment Section

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2013

JOSEPH C. FRECHETTE JR. ATTORNEY AT LAW 10800 BISCAYNE BLVD,#620 NORTH MIAMI, FL 33161

SUBJECT: FRAUD ORACLE, INC. Ref. Number: P12000092256

We have received your document for FRAUD ORACLE, 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Rebekah White Regulatory Specialist II

Letter Number: 513A00024917

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FRAUD ORACLE	, INC
Name o	of Corporation
DOCUMENT NUMBER: P120000922	56
The enclosed Amendment and fee are submi	tted for filing.
Please return all correspondence concerning	this matter to the following:
Joseph C. Frechette, Jr.	
Name of Contact Person	
Attorney at Law	
Firm/Company	
10800 Biscayne Blvd, #6	620
Address	
North Miami, FL 33161	
City/State and Zip Code	
AttorneyJF@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matt	er, please call:
Joseph C. Frechette, Jr.	305 \892-4441
Name of Contact Person	at (305 892-4441 Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	ıt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & 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

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FRAUD ORACLE, INC.

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	· THE CARE LARY (JF STATE
P12000092256		TALLAHASSEE	, FLÖRÍÐA
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation	adopts the following a	mendment(s)
A. If amending name, enter the new name of the corporation:			
FRAUD GENIUS, INC.			he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corpo	porated" or the abbi	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the n	ame of the	
Name of New Registered Agent	•		
(Florida stree	et address)	_	
New Registered Office Address:	, Florid	ia	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligation	ons of the position.	
Signature of New Registered Ag	ent, 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)	Title	<u>Name</u>	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Add			
Remove			
5) Change			
Add			
Remove			
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6) Change			
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