P130000 59314

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



000342486410

03/30/20--01011--016 **43.75

STATE OF STA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INFINITY RENTA	L AND LEASING, INC	
DOCUMENT NUME	P13000059314		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Brad O'Neal		
		Name of Contact Person	
		Firm/ Company	
	5000-18 US Highway 17S, #9	J-1	
		Address	
	Fleming Island, Florida 3200	3	
City/ State and Zip Code			•
	boneal@forensicire.com		
	E-mail address; (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Brad O'Neal		at (
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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, F1, 32314		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

INFINITY RENTAL AND LEASING, INC

(Name of Corporation as co	urrently filed with the Florida Dept. of State)		
P13000059314			
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> adopts the foll	owing amen	idment(s) to
A. If amending name, enter the new name of the corporat	tion:		
Forensic Investigation Research Experts, Inc.			неш
name must be distinguishable and contain the word "corporati "Inc" or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must c	viation "Cor ontain the v	rp., " vord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			_
		2020 MA	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		30	FILEO FILEO
Name of New Registered Agent		P# 12	경선 설류
		9	4
ıFla	orida street address)		
New Registered Office Address:	Florida	(Zip Code)	
	(Ciţy)	(хір Соае)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		tion.	
Signature of	New Registered Agent, if changing		

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			·
Romovo			

	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary).— (Be specific)	
		
		
_		
		<u></u>
	·	
		·,
		· · · · · · · · · · · · · · · · · · ·
If or	endment provides for an exchange, reclassification, or cancellation of issued shares,	
pro	ons for implementing the amendment if not contained in the amendment itself:	
	ot applicable, indicate N/A)	

1.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 40 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, to Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following so for each voting group entitled to vote separately on the amendment(s)	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
Dated 3 /_ Signature	26/2020 En Olla	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe binted fiduciary by that fiduciary)	
	Brad O'Neal	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

••

. . . .