P14000079798

Office Use Only



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03/30/15--01022--004 **35.00



Amend Mend M. 2.15

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: Investigations Plus, Inc.						
OCUMENT NUMBER: P14 000 0 7 9 7 9 8						
he enclosed Articles of Amendment and fee are submitted for filing.						
lease return all correspondence concerning this matter to the following:						
Name of Contact Person Touristing Stions Plus Touristing Company 200 SE 6th Street, Suite 506 Address Fort Lander clale, FC 3330/ City/ State and Zip Code						
info @ Investigs olus. (om -mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (954) 631-3665 Area Code & Daytime Telephone Number						
aclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment 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

Articles of Amendment to Articles of Incorporation

Investigations Plus, (Name of Corporation as curre	Inc.		74.P.
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
P14000079798 (Document Num			
(Document Num	ber of Corporation (if known	vn)	
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	da Profit Corporation adop	ets the following amendmen
If amending name, enter the new name of	the corporation:		
NA			The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co" or the designation "ord" chartered," "professional association,"	"Corp," "Inc," or "Co".	company," or "incorporation A professional corporation	ted" or the abbreviation on name must contain the
Enter new principal office address, if appl	licable:	N/A	
rincipal office address <u>MUST BE A STREE</u>		1171	
		5 C THE B TO SEC.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		NA	
		NA	
		NA	
(Mailing address MAY BE A POST OFFIC	CE BOX) egistered office address in	•	···
(Mailing address MAY BE A POST OFFIC If amending the registered agent and/or re- new registered agent and/or the new regis	egistered office address in	Florida, enter the name	···
(Mailing address MAY BE A POST OFFIC	egistered office address in	Florida, enter the name	···
If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in	Florida, enter the name	···
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agen	egistered office address in tered office address:	Florida, enter the name	of the

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.

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>	Name	<u>Addres</u> s
1) Change	V	Stacie Vecchione, Esq.	200 SE 6+h Street
Add			Suik 506
Remove		·	Ft. Lauderdale, FC 33301
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
_			
6) Change			
Add			
Remove			THOU IS NOT WELL THE STATE OF T

. If amending or ad (Attach additional s	ding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
	lA
· · · · · · · · · · · · · · · · · · ·	
. If an amendment ;	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for im	plementing the amendment if not contained in the amendment itself: able, indicate N/A)
	N/A
 	N/H

	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east 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 i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 03/3	25/2015	
Signature	25/2015	
	rector, president to other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
_	Kevin Griff's (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
-	President (Title of person signing)	**************************************
	(Title of person signing)	