P15000048597

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JUL 17 2014 C. CARROTHERS

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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: VITAL BIOMETRI	CS, INC
DOCUMENT NUMBER: P15000048597	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
JILL A SOMERS	
	Name of Contact Person
VITAL BIOMETRICS, INC	
	Firm/ Company
1353 ST LAWRENCE DR	
	Address
PALM BEACH GARDENS, 1	FL 33410
	City/ State and Zip Code
JILLSOMERS76@GMAIL.COM	l l
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call.
JILL A SOMERS	at (561) 591-2490
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\bigs\text{\$\bigs\pi \text{\$\frac{1}{2}}\$\$ \$43.75 Filing Fee \$\text{\$\center Certificate of Status}\$\$	□\$43.75 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 of

VITAL BIOMETRICS, INC	İ	4 T T T T T T T T T T T T T T T T T T T
(Name	of Corporation as currently filed with th	e Florida Dept. of State)
P15000048597		
		:01
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit	Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	The new Ci
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A profe tion," or the abbreviation "P.A."	sional corporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered agent	OFFICE BOX) ad/or registered office address in Florida	enter the name of the
Name of New Registered Agent	JILL A SOMERS	
Name of New Registered Agent	1353 ST LAWRENCE DR	
New Registered Office Address:	(Florida street address) PALM BEACH GARDENS	Florida 33410
	(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis	thanging Registered Agent: tered agent. I am familiar with and accept Manual M	
	, , , , , , , , , , , , , , , , , , ,	

address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief i r, Director titl the fo	virector be sary) It by the file by the file; T= Tree financial for would be illowing me or poration.	eing added: Test letter of the office title: Surer; S= Secretary; D= Director; TR Officer. If an officer/director holds mo be PTD. anner. Currently John Doe is listed as to n, Sally Smith is named the V and S. The	er/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP	<u>.</u>	ANNETTE PLOUMIS	1353 ST LAWRENCE DR
Add				PALM BEACH GARDENS, FL 33
X Remove				
2) Change	VP		JENNIFER SOMERS	1353 ST LAWRENCE DR
Add				PALM BEACH GARDENS, FL 33
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		· - ···		
Add				

Remove

ttach additional sheets, if necessary).	es, enter change(s) here: (Be specific)		
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		94	
			-
		9	

f an amendment provides for an excha	ngo reclassification or cons	allation of issued chares	
provisions for implementing the amend	dment if not contained in the	amendment itself:	
2.4		1	
(if not applicable, indicate N/A)		1	
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption:	, if other than the
06/01/2015 Effective date if applicable:	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng 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 number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	
"The number of votes cast for the amendment(s) was/were sufficient for ap	- 1
by	<u></u>
by(voting group)	<u>,</u>
The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	1
The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
06/29/2015 Dated	
Signature All Adomyn	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	
JILL A SOMERS	4
(Typed or printed name of person si	gning)
PRESIDENT	
(Title of person signing	