## P150000.



(Red	questor's Name)	<del></del>
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: OpenALPR Techr	nology, Inc.	
DOCUMENT NUM	DISCOCOSCOS		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Carol Hill		
		Name of Contact Perso	n
		Firm/ Company	
	2048 Crown Drive		
	Saint Augustine, FL 32092	Address	
		City/ State and Zip Cod	<u>e</u>
mattl	nill@gmail.com	,	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Matt Hill		at (617	463-9764
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & 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

OpenALPR Technology, Inc.	-	FILED
( <u>N</u> ame	of Corporation as curren	tly filed with the Florida Dept. of State)
P1500005085		2019 MAR 18 P 🙃 48
		of Corporation (if known) SEURETARY OF STATE
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
ClosedRPLA Holdings, Inc.		TI
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if on-lineble.	not applicable
(Principal office address MUST BE A S		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		not applicable
<ul> <li>If amending the registered agent an new registered agent and/or the new</li> </ul>		
	not applicable	<u>5.</u>
Name of New Registered Agent		
	(Florida sti	reet address)
New Registered Office Address:	<del> </del>	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agent	:
hereby accept the appointment as registe	ered agent. I am familiar i	with and accept the obligations of the position.
<del></del>	Signature of New R	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> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	e Jones	
X Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Steve Lewis	57 Millbrook Road
Add X Remove			Medfield, MA 02052-2208
2) Change	T	Matthew Hill	324 Annison Drive
X Add			Commerce Township, MI 48382
Remove 3) Change	<u>S</u>	Matthew Hill	324 Annison Drive
X Add Remove			Commerce Township, MI 48382
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding addition (Attach additional sheets, if necessity)	<u>1al Articles, enter chang</u> ssary).    (Be specific)	ge(s) here:		
not applicable	.,			
			<del></del>	<del></del>
<u></u>				<del></del>
				<del></del>
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	- <del>-</del>			
F. If an amendment provides for a provisions for implementing the (if not applicable, indicate ) not applicable	n exchange, reclassifica e amendment if not con V/A)	tion, or cancellation of tained in the amendme	issued shares, ent itself:	
· <del></del>				

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated3/9//9	
Dated3/9//9 Signature ###	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•••
Matthew Hill	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>