P1500005128/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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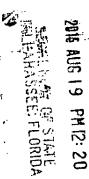
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AUG 21 2015 A RAMSEY

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: STEALTH GLOB.	AL TRACKING, INC.	
DOCUMENT NUM	D1 60000 61001		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
,	Jennifer L. Strickland, Parale	gal	
		Name of Contact Person	1
	Mark A. Perry, PA		
		Firm/ Company	
	50 SE 4th Avenue	• •	
		Address	
	Delray Beach, FL 33483		
		City/ State and Zip Cod	e
	0 1	,	
mpe	rry@markaperrypa.com	- J Con Con and a second	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Jennifer L. Strickland, Paralegal		at (⁵⁶¹	276-4146
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	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)
An Div P.C	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

STEALTH GLOBAL TRACKING, INC.

FILED

filed with the Florida DeAUGIBBAtePH 12: 20
THE TANK OF THE TOTAL TO
Corporation (if known) EAHASSEE, FLORIDA
Florida Profit Corporation adopts the following amendment(s)
The new
" "company," or "incorporated" or the abbreviation to". A professional corporation name must contain the P.A."
6615 Boynton Beach Bouelvard
Suite 369
Boynton Beach, FL 33437
ess in Florida, enter the name of the
ei address)
er dadress)
. Florida

If amending the Officers and/or Directors, enter the title and n address of each Officer and/or Director being added:

feach officer/director being removed and title, name, and

(Attach additional sheets, if necessary) .

Example:

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	WIILIAM A. MAZZONI	6665 SKYLINE DRIVE
Add			DELRAY BEACH, FL 33446
X Remove			
2) Change	<u>P</u>	PATRICIA A. MAZZONI	6665 SKYLINE DRIVE
X Add		·	DELRAY BEACH, FL 33446
Remove			
3) X Change	T	PATRICIA A. MAZZONI	6665 SKYLINE DRIVE
Add		·	DELRAY BEACH, FL 33446
Remove		•	
4) X Change	S	LISA A. MAZZONI	6665 SKYLINE DRIVE
Add			DELRAY BEACH, FL 33446
Remove			
5) Change			
Add		•	
Remove			
6) Change			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
· ••		
· · · · · · · · · · · · · · · · · · ·		
	·	_
•		
	have replacification or appellation of ignered shares	
an amendment provides for an exci	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
provisions for implementing the ame (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(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 t	han the
date this document was signed.	
August 3, 2015	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more num >0 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	i as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(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.	
Dated 8-18-15	
Signature Miseia Ca Mayoni	
(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)	
appointed indicially by that indicially)	
FATRICIA A. Wazzoni	
(Typed or printed name of person signing)	
Gresident	
(Title of person signing)	