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JUN 29 2016 C LEWIS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: <u>HG Investigations</u> , Inc					
DOCUMENT NUMBER: P15000061558					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Ma Investigations Inc.					
Figh/Company 5420 300 182 01.					
Miomi Pl 33175.					
City/ State and Zip Code					
Mairin Jon 2012 27 Domail Conf. E-mail address: (to be) used for future annual report notification)					
For further information concerning this matter, please call:					
Mairin Gonzalez, at 786, 216-5570.					
Name of Contact Letson Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

to
Articles of Incorporation

Arucie	s of incorporation
M6 Investigo	Chons, Inc. 2016 JUN 24 PM 12: 40
(Name of Corporation/as c	urrently filed with the Florida Dept. of State)
PISOOO	Ma1258
(Document Nu	mber of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	ion:
	
name must be distinguishable and contain the word "cor	poration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc	" or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbrevi	iation "P.A."
B. Enter new principal office address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable:	sam e
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	3411.6
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent	sam e
- (Fic	orida street address)
,, 10	That sires date and
New Registered Office Address:	, Florida
	(City) (Zip Code)
Non Decision d Assett Circuston 26 decision Decision d	AA.
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the position.
	, 0 F
	- 0
50	$\mathcal{M}_{\mathcal{C}}$.
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.

Example: X Change	PT	John Doe	. 1 . 4		
X Remove	<u>v</u>	Mike Jones	NA		
X Add	<u>sv</u>	Sally Smith	1		
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change					<u>. </u>
Add					
Remove					
2) Change					
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Remove					
3) Change					· · ·
Add					
Remove					
4) Change	<u></u>			<u> </u>	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					There is no in
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Marketing Services.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A.
/

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	FILE SECRETARY JIVISION OF CO	OF STATE
Effective date if applicable:		•
(no more ti	han 90 days after amendmen gin d gun 24	PM 12: 40
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record		date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following state ed to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of dire action was not required. The amendment(s) was/were adopted by the incorporators action was not required.		lder
Dated 6/17/16		
	officer if directors or officers have not bee	
	in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary by that fiduc	(Tary)	
Mairi	n Consals.	
/ (Typed or pri	nted name of person signing)	
	Dresident.	
/(1	Title of person signing)	