

(Re	questor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P15000087994

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS R. CALDERON

Name of Contact Person

BELAIR ACCOUNTING SERVICES, INC.

Firm/ Company

1627 E. VINE STREET, STE 110

Address

KISSIMMEE, FL 34744

City/ State and Zip Code

adlush@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS R. CALDERON

Name of Contact Person

at (_____) <u>944-9262</u>

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ADVANCED INVESTIGATION GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000087994

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "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 abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D. If amending the registered agent and/or registered office address:

Name of New Registered Agent

(Florida street address)

<u>New Registered Office Address:</u>

(City)

(Zip Code)

_____, Florida_

The new

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

		ant jul	ĨŢĮ
Signature of New Registered Agent, if changing		0	Prove and
		σ	
			And States
	D.T.	28	~
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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	<u> </u>	John Doc	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D/P	SOTO, JUAN C	CAMINO DEL PARQUE 3Y28
Add			COLINAS DE PLATA, P.R. 00953
X Remove			
2) Change	P/S	ANA I. OTERO	5140 E. PORTOFINO LANDINGS
XAdd			APT 102
Remove			FORT PIERCE, FL 34947
3) Change	D	GONZALEZ, RAMON E	5140 E. PORTOFINO LANDINGS
Add			APT 102
X Remove			FORT PIERCE, FL 34947
4) Change			<u></u>
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

E.	If amending or	adding	<u>additional</u>	Articles, ente	<u>r change(s) here</u>	÷

(Attach additional sheets, if necessary). (Be specific)

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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)
(y approximation of the second s

The date of each amendment(s) ad	JULY 05, 2017 option:	, if other than the
date this document was signed.		
	Y 05, 2017	
Effective date <u>if applicable</u> :		- <u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sub	pted by the shareholders. The number of votes cast for the amendment(s) ficient 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 f	or the amendment(s) was/were sufficient for approval	
by	, n ,	
•	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
JULY 05, 2 Dated		
Signature	H41/4	
	rector, president or other officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	

RAMON E. GONZALEZ

(Typed or printed name of person signing)

VICE PRESIDENT

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(Title of person signing)