

P1400000P549

(Requestor's Name)

(Address)

(Address)

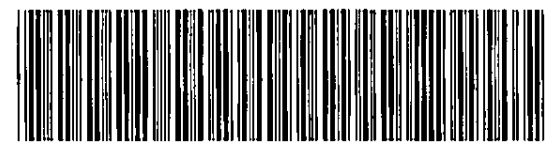
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



000302868010

09/28/17--01017--020 **35.00

Special Instructions to Filing Officer:

9/19/17 spoke
w/ Mr. Arroyo
advised to
white out the
name change

Office Use Only

Amel

SEP 19 2017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 19 PM 3:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2017

ANGEL ARROYO
2200 NW CORPORATE BLVD STE 402
BOCA RATON, FL 33431

SUBJECT: SAFEGUARD SOFTWARE INC
Ref. Number: P16000019549

We have received your document for SAFEGUARD SOFTWARE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 717A00017918

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Safeguard Software Inc.

DOCUMENT NUMBER: P16000019549

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

Please return all correspondence concerning this matter to the following:

| | |
|-----------------------------------|--------------------------|
| Angel Arroyo | Name of Contact Person |
| Safeguard Software Inc. | Firm/ Company |
| 2200 NW Corporate Blvd. Suite 402 | Address |
| Boca Raton, FL 33431 | City/ State and Zip Code |

safeguardsoftwaresales@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Arroyo at (561) 948-1536
Name of Contact Person 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
17 SEP 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Safeguard Software Inc.

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

P16000019549

(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:

n/a

The new 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 MUST BE A STREET ADDRESS)**

2200 NW Corporate Blvd. Suite 402

Boca Raton, FL 33431

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

2200 NW Corporate Blvd. Suite 402

Boca Raton, FL 33431

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

2200 NW Corporate Blvd. Suite 402

(Florida street address)

New Registered Office Address:

Boca Raton

(City)

Florida 33431

(Zip Code)

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.

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|---------------------|----------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Angel Arroyo</u> | <u>300 W. Palmetto Park Road</u> |
| <input type="checkbox"/> Add | | | <u>Boca Raton, FL 33431</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

n/a

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: 8/22/2017, if other than the date this document was signed.

Effective date if applicable: 8/22/2017
(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 not be listed as the document's effective date on the Department of State's records.

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.

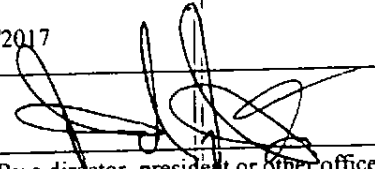
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

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 8/22/2017

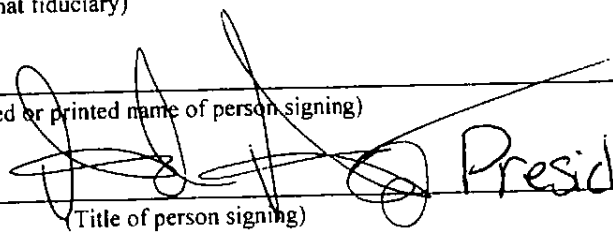
Signature 

(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)

Angel Arroyo

(Typed or printed name of person signing)

President

 President

(Title of person signing)