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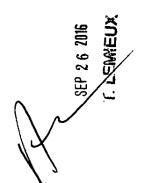
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EMERGENCY LO	OCATOR, INC.		
DOCUMENT NUME				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	WILLIAM N ROSS			
		Name of Contact Person	1	
		Firm/ Company		
	1847 ASHWOOD RUN			
		Address		
	THE VILLAGES, FLORIDA	A 32162		
		City/ State and Zip Cod	e	
slicky	willymonica@bellsouth.net			
- 	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
WILLIAM N ROSS		954 at (980-0347	
Name of Contact Person		at (954) 980-0347 Area Code & Daytime Telephone Number		
Enclosed is a check for	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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			Address	
	ision of Corporations	Amendment Section Division of Corporations		
P.O	. Box 6327	Cliftor	n Building	
Tall	lahassee, FL 32314	2661 F	Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

EMERGENCY LOCATOR, INC.				
(Name o	f Corporation as currently	filed with the Florida Dept	. of State)	
P16000056841				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this I	Florida Profit Corporation &	dopts the following	; amendment(s) to
A. Hamending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpore		
B. Entangen mineral office address	if annticable.	N/A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
				
C. Enter new mailing address, if appli	cable:	N/A		
(Mailing address MAY BE A POST (OFFICE BOX)	10/1		
		1		
B. Id		in Florida and all		
D. If amending the registered agent an new registered agent and/or the new			ne or the	
Name of New Registered Agent	N/A			
Name of New Acquaerea Agent		· · · · · · · · · · · · · · · · · · ·		
	(Florida sır	ect address)		
	N/A		Cl., -!.d.,	
New Registered Office Address:		(City)	_, Florida <i>(Zip (</i>	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent	ith and revent the obligation	se of the pocition	
Thereby accept the appointment as regist	егеа адет. Тат јатна (van ana accept the oongaan	is of the position.	
			25.16	
				- *******
	Signature of New F	legistered Agent, if changing	- d 5	Charles of
			22	Chemo
		•	- 1 70	

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: <u>X</u> 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>	<u>Name</u>	<u>Addres</u> s
1)Change	VP	ALBERT F TURRI	12708 WATER POINT BLVD
Add X Remove			WINDERMERE, FL 34786
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

l/A				
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. If an amendment provide	s for an exchange, reclassif	ication, or cancellation	n of issued shares,	
provisions for implemen	es for an exchange, reclassifuting the amendment if not o	contained in the amend	dme <u>nt itself:</u>	
(if not applicable, inc	licate N/A)			
N/A		•		
<u></u>				
				

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SEPTEMBER 1, 2016	
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.	I not be listed 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 east for the amendment(s) was/were sufficient for approval	
by"`	
by	
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 9-10-2016	`
Dated9_10-2016 Signature_William \tag{-10-2016}	
(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)	
WILLIAM N ROSS	-
(Typed or printed name of person signing)	
PRESIDENT	
(Title of percent signing)	