## P160000 71321

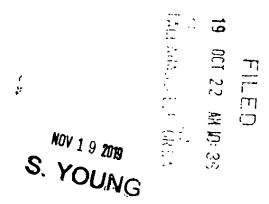
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AVIDE	A GROUP, INC.				
DOCUMENT NUMBER: P16000071321					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Marshall Kobrin, Esq.					
	Name of Contact Person				
AEGIS Law					
	Firm/ Company				
100 S Ashley Dr S	ste 620				
Address					
Tampa, FL 33602					
	City/ State and Zip Code				
mike.anderson@safezon	etech.com				
<del>_</del>	ss: (to be used for future annual report notification)				
For further information concerning this matter, please call:  Marshall Kobrin 813 999-0199					
Name of Contact Person	at (813 ) 999-0199  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 Certificate of					
Mailing Address Amendment Section Division of Corporatio 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

AVIDEA GROUP, INC.	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P16000071321	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	rutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Safe Zone Technologies, Inc	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "h word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the e address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	ri:.
New Negisierea Office Address.	, Florida
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent:
- постолу востря те принительных гединегей идеть. Тит	jamusar wan and accept the obligations of the position:
	2
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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	D	Andy Charles	2277 Turtle Mound Rd
Add			Melbourne, FL 32935
X Remove			
2) Change	D	Joe Hamilton	2277 Turtle Mound Rd
X Add			Melbourne, FL 32935
Remove			<del></del>
3 ) Change	D	Jay VerHulst	2277 Turtle Mound Rd
X Add			Mełbourne, FL 32935
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del>-</del>
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	ange reclassification or cancallati	on of issued charge
<u>provisions for implementing the amer</u>	dment if not contained in the ame	ndment itself:
(if not applicable, indicate N/A)		
		<del>-</del>
·		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will 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 arby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ing statement ent(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 action was not required.	shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	<b>cho</b> ider
Signature  (By a director, president or other officer – if directors or officers have	e not been
selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	