## P18000030830

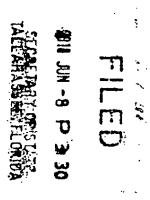
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO             | RPORA       | TION: Al Video Analytic                        | s, Inc.  |  |  |
|------------------------|-------------|--|--|--|--|
| DOCUMENT:              | NUMBE       | R: P18000030880                                | •  |  |  |
|                        |             | .Amendment and fee are su                      | ibmitted for filing.   |  |  |
| Please return all      | l correspo  | ondence concerning this ma                     | tter to the following:   |  |  |
|                        | Jo          | hn Montelione                                  |  |  |  |
|                        | _           | <del> </del>                                   | Name of Contact Perso  | n  |  |
|                        | А           | I Video Analytics, Inc.                        |  |  |  |
|                        |             |  | Firm/ Company  |  |  |
|                        |             |  | ritin/ Company   |  |  |
|                        | 0,          | 35 Waterside Way                               |  |  |  |
|                        |             |  | Address  |  |  |
|                        | Sa          | irasota, Fl. 34242                             |  |  |  |
|                        |             |  | City/ State and Zip Cod  | e  |  |
|                        | *-1         |  |  |  |  |
|                        | Johnmo      | ntelione@aivideoanalytics.                     |  |  |  |
|                        |             | E-mail address: (to be u                       | sed for future annual report   | notification)  |  |
|                        |             |  |  |  |  |
| For further info       | rmation c   | oncerning this matter, pleas                   | se call:   |  |  |
| John Montelione        |             |  | 941  | 7249700  |  |
| Name of Contact Person |             |  | at (Area Co  | de & Daytime Telephone Number  |  |
|                        |             |  |  | ,  |  |
| Enclosed is a ch       | ieck for th | ne following amount made                       | payable to the Florida Depa  | artment of State:  |  |
| S35 Filing F           | Pee         | □\$43.75 Filing Fee &<br>Certificate of Status | □S43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address        |             | Street   | Address  |  |  |
|                        | Ameno       | lment Section                                  | Ameno  | Iment Section  |  |
|                        |             | on of Corporations                             |  | on of Corporations   |  |
|                        |             | ox 6327  |  | Building   |  |
| Tallahassee, FL 32314  |             |  | 2661 Executive Center Circle   |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Al Video Analytics, Inc.   |   |
|--|---|
| (Name of Corporation as current)   | y filed with the Florida Dept. of State)                        |
| P18000030880   |   |
| (Document Number o   | f Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  | The new   |
| name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation | Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | <u>~/</u> A   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | ~/ <sub>A</sub> .   |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address   |   |
| Name of New Registered Agent MA  |   |
| ıFloridi sir   | vet address)  |
| New Registered Office Address:   | (City) (Zip Code)   |
|  |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s  |   |
| ~/A  | m m   |
| Signature of New I   | 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             | <u>PT</u>                             | John Doe    |                           |  |
|-------------------------------|---------------------------------------|-------------|---------------------------|--|
| X Remove                      | $\underline{\mathbf{V}}$              | Mike Jones  |                           |  |
| X Add                         | $\underline{SV}$                      | Sally Smith |                           |  |
| Type of Action<br>(Check One) | <u>Title</u>                          | <u>Name</u> | Address                   |  |
| 1) Change                     |                                       | Anoop Sanka | 22627 NORTHEAST ALDER CRE |  |
| Add                           |                                       |             | REDMOND, WA 98053         |  |
| X Remove                      |                                       |             |                           |  |
| 2) Change                     |                                       |             |                           |  |
| Add                           |                                       |             |                           |  |
| Remove                        |                                       |             |                           |  |
| 3 ) Change                    |                                       | _           |                           |  |
| Add                           |                                       |             |                           |  |
| Remove                        |                                       |             | -                         |  |
| 4) Change                     |                                       |             |                           |  |
| Add                           |                                       |             |                           |  |
| Remove                        |                                       |             |                           |  |
| 5) Change                     | · · · · · · · · · · · · · · · · · · · |             |                           |  |
| Add                           |                                       |             |                           |  |
| Remove                        |                                       |             |                           |  |
| 6) Change                     |                                       |             |                           |  |
| Add                           |                                       |             |                           |  |
| Remove                        |                                       |             |                           |  |

| Attach <i>additional si</i>        | ling additional Art<br>heets, if necessary).   | (Be specific)   | igets) nere,                   |               |             |               |
|------------------------------------|--|-----------------|--------------------------------|---------------|-------------|---------------|
|                                    | N/A  |                 |                                |               |             |               |
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| 16                                 |  |                 |                                |               | .d. b       |               |
| If an amendment provisions for imp | dementing the amo                              | ndment if not c | cation, or caucontained in the | amendment its | elf:        |               |
| (if not applica                    | $ble_i$ indicate $NA) =$                       |                 |                                |               | <del></del> |               |
|                                    | $\sim$   | 12              |                                |               |             |               |
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|                                    |  |                 |                                |               |             |               |
|                                    |  |                 |                                | <del> </del>  |             |               |

| The date of each amendment(s) date this document was signed.                 | adoption! <u>N/A</u>   | , if other than the                             |
|--|--|---|
| -  |  |   |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendmen   | t file date)                                    |
| <b>Note:</b> If the date inserted in this document's effective date on the l | block does not meet the applicable statutory filing re-<br>Department of State's records.  | quirements, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| ☐ The amendment(s) was/were a by the shareholders was/were                   | dopted by the shareholders. The number of votes east for sufficient for approval.  | or the amendment(s)                             |
|  | pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the o   |   |
| "The number of votes ca  | st for the amendment(s) was/were sufficient for approva  | ıl  |
| hy   | (voting group)   | <b>.</b> `                                      |
| ☐ The amendment(s) was/were a action was not required.                       | dopted by the board of directors without shareholder ac  | tion and shareholder                            |
| The amendment(s) was/were a action was not required.                         | dopted by the incorporators without shareholder action   | and shareholder                                 |
| Dated  | June 5, 2018   |   |
| sele8  | director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trinted fiduciary by that fiduciary) |   |
|  | John Montelione  |   |
|  | (Typed or printed name of person signing   | )   |
|  | Director   |   |
|  | (Title of person signing)  |   |