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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOOLGUDOX SECURITY ENFORCEMENT agency inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Alman Zar Name of Contact Person
Firm/ Company
P.O box 2-4 Address
P.O box 24 Address Dania FC 3300 4 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Alvnanzav at (154) 291-9612 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

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

- Solaunox Security e	rforcement agricy in
	filed with the Florida Dept. of State)
P18000085865	<u> </u>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A : 3 -: -: -: -: -: -: -: -: -: -: -: -: -:
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent 1 1	02
(Florida stree	
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the position.
Signature of New Re	egistered 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	<u>v</u>	Mike Jones	N/A	
X Add	<u>sv</u>	Sally Smith	/	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add	_			
Auu				······································

<u>If amending or adding</u> Attach <i>additional sheet</i>	s, if necessary).	(Be specific)	11/A			
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f an amendment prov	vides for an exch	ange, reclassifi	cation, or cancella	tion of issued sha	ares,	
provisions for implen (if not applicable,	nenting the amer indicate N/A)		MAA	enament itsen:		
				-		
	<u> </u>			· - · · ·		

· · · · · · · · · · · · · · · · · · ·	, if other than the
late this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after	Lung Cl. Jan
(no more than 90 days after	amenament file acie)
Note: If the date inserted in this block does not meet the applicable statuto locument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	groups. The following statement tely 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 sha action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated 4-9-19	
Dated 4-9-19 Signature Jan Control	
(By a director, president or other officer – if direct	
selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiver, trustee, or other court
Typed or printed name of per	nzar
(Typed or printed name of per	son signing)
D Dunor	
(Title of person six	nnine)