P19 00000 76574

(Re	equestor's Name)	
(Ad	dress)	
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SCCRCIARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRUE NORTH GE	EOSPATIAL, INC.		
DOCUMENT NUMBI	ER:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	f⊿mendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
I	leather Vollmer			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1	
j	TRUE NORTH GEOSPATIA	AL. INC.		
_		Firm/ Company	<u></u>	
7	785 Tivoli Circle Apt 203	• •		
-		Address	 	
f	Deertield Beach, FL 33441			
-		City/ State and Zip Code	e	
inicuo	rthgeo.inc@gmail.com			
		sed for future annual report	notification)	
	,	•		
For further information	concerning this matter, plea-	se call:		
Heather Vollmer		954	980-2811	
Name o	f Contact Person	at (\frac{954}{\text{Area Code & Daytime Telephone N}}		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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

TRUE NORTH GEOSPATIAL, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
P19000076574					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporati "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:	785 Tivoli Circle Apt 203				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Deerfield Beach, FL 33441				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	785 Tivoli Circle Apt 203				
ishing dances save may vosa or iyen may	Deerfield Beach, FL 33441				
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent					
(Florida s New Registered Office Address:	treet address)				
<u> </u>	(City) Production				
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	it: 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 PTO.

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 Doo	2	
X Remove	<u>V</u>	Mike Jor	<u>ies</u>	
X Add	<u>SV</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	· · · ·			
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
			·····	
		-		
		<u></u>		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification,	or cancellation of	issued shares,	
(if not applicable, indicate N/A)	nament it no <u>i contain</u>	ed in the amenume	at usen:	
				

	October 23rd, 2019	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
, c	October 23rd, 2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by		
·	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	Hoth Man	
sele	a director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Heather Vollmer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	