P20 000005499

. <u></u> .
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: eFraud Software In	<u> </u>			
DOCUMENT NUM	P20000005499	· · · · · · · · · · · · · · · · · · ·			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Barbara Steinberg				
		Name of Contact Person	1		
	eFraud Software Inc.				
	Firm/ Company				
	3510 Kraft Road, Suite 200				
	Address				
	Naples, FL, 34105				
	City/ State and Zip Code				
	bsteinberg@efraudsoftware.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	on concerning this matter, pleas	se call:			
Barbara Steinberg		at (239	842-8224		
Name of Contact Person			de & Daytime Telephone Number		
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)		
At Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

Articles of Amendment

	f Amendment to
	Incorporation of
eFraud Software Inc.	f Amendment to Incorporation of ently filed with the Florida Dept. of State)
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
20000005499	
(Document Numbe	er of Corporation (if known)
irsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendme
. If amending name, enter the new name of the corporation:	<u>:</u>
Fraud Services Inc.	The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.:	""company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word A."
B. Enter new principal office address, if applicable:	3510 Kraft Road, Suite 200
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples, FL 34105
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3510 Kraft Road, Suite 200
	Naples, FL 34105
new registered agent and/or the new registered office address	•
Name of New Registered Agent	
new registered agent and/or the new registered office address Name of New Registered Agent	ress:

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>	<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			

Attach additional sheets,	if necessary).	cles, enter chang (Be specific)	<u></u>		
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f an amendment provid	les for an exch	ange, reclassifica	ition, or cancella	tion of issued sha	ires,
provisions for impleme	nting the amer	ndment if not co	n <u>tained in the am</u>	endment itself:	
(if not applicable, in	idicate N/A)				
		·			
				<u> </u>	<u> </u>

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The date of each amendment(s) a	doption:	, 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 bedocument's effective date on the D	plock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amenafficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
February 2 Dated	6, 2020	
Signature	arbore Steinfey	<u> </u>
	irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or oth	
	ted fiduciary by that fiduciary)	
	Barbara Steinberg	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	