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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MailGuard Feder	ral Inc.					
DOCUMENT NUMBER: P20000016267						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this n	natter to the following:					
David L. Gann						
	Name of Contact Persor	1				
MailGuard Federal Inc.						
	Firm/ Company					
10491 72nd Street						
	Address					
Seminole, FL 33777						
	City/ State and Zip Code	2				
david.gann@smartcommunicatio	ns.us					
E-mail address: (to be	used for future annual report	notification)				
For further information concerning this matter, ple	rase call:					
To runter mornaton concerning the matter, pre	sain wall.					
David L. Gann	at (,				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:				
■ \$35 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation MAILGUARD FEDERAL, INC.

P20000016267				
(Doc	cument Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation a	dopts 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 w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co" -	ompany," or "incorpe 4 professional corpore	orated" or the abl ution name must co	previation intain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in led office address:	Florida, enter the nar	ne of the	
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:			, Florida	
	(City)		(Zip Ce	ode)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:	d accept the obligation	e of the position	J1∀. 282
тистену ассертие арронитет аз гедіметей аден	e i um juminu wim un	raccept the oniguing	s iy ine position.	JI CRI TARO Myision of c 2020 Har 16
				R
	ignature of New Registers	ed Agent if changing		م م م م
	gamen			21 Kd 20 50 00 00 00 00 00 00 00 00 00 00 00 00

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: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	Т		James P. Logan	 10491 72nd Street
Add				Seminole, FL 33777
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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If an amendm	ent provides for an exchange,	reclassification, or car	ncellation of issued sha	ires,
provisions to (if not ap	r implementing the amendmen plicable, indicate N/A)	it ii not contained in t	ne amendment usen:	
				
			<u>-</u>	
				<u> </u>

	March 1, 2020	
The date of each amendment(s) a date this document was signed.	ndoption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	Il not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
March 10	. 2020	
Dated	\	
	//_	
Signature By a	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that tiduciary)	
	Jonathan D. Logan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

the

the