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COVER LETTER

Division of Corporations
NAME OF CORPORATION: High CALIBER PROTECTION SERVICES INC. DOCUMENT NUMBER: P2000041156
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
KARL A. SPELLMAN Name of Contact Person High CAL'BER Civilian + Officer TRAINING ACADEMY Firm/ Company 1202 SW 17th ST. #201-136 Address OCALA FLORIDA 34471 City/ State and Zip Code High CAL'BER FLORIDA @ 9MAIL. COM E-mail address: (to be used for future annual report notification)
For forther information according this many alleges alleges
KARL A. SPELLMAN at (813), 333-310/ or (352)804-712 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

High CAL'BER PROTECTION SCHULCES SINC. (Name of Corporation as currently filed with the Florida Dept. of State) 2.23
P 20000041156
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
High CALiber Livilian & Officer TRAINING A LANEMY, The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
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 with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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)

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	n Doo	
<u>-</u>		n Doc	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	SY Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	Toxkia SPELLMAN	1202 SW 17th ST.
Add			#201-136
Kemove			OCALA, FL 34471
2) Change	\mathcal{I}	MARSARET SPELLMAN	1202 SWITH ST.
<u> </u>			#201-136
Remove 3) Change			OCALA, FL 34471
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adop date this document was signed.	ion: JUNE 7, 2020 if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	by the shareholders. The number of votes east for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	he amendment(s) was/were sufficient for approval
bv	
	(voting group)
Dated	6-9-2020 it d. Sech
Signature	il a, petr
	or, president of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court
	iduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed of printed fame of person signing)
	(Title of person signing)