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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: OIG ANTICRIME	S TASK FORCE ENFORC	EMENT DIVISION CORP	
	BER: P22000033750			
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:		
	ADAELJ FLORES			
		Name of Contact Person		
	OIG ANTICRIMES TASK FORCE ENFORCEMENT DIVISION CORPORATION			
		Firm/ Company	,	
	5185 NW 29TH AVENUE.	7 1003		
		Address	·	
	MIAMI, FL 33142-3608			
		City/ State and Zip Code	<u> </u>	
	AJFLORES@OIGACTF.US			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter. pleas		934.9135	
Name of Contact Person		Area Coo) 934.9135 de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	S43.75 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)	
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OIG ANTICRIMES TASK FORCE ENFORCEMENT DIVISION CORPORATION

(Name of Corporation	n as currently filed with the	e Florida Dept. of State)	
P22000033750		_	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the cor	poration:		
ACTF OFFICE OF INSPECTOR GENERAL DIVISIO	ON OF FINANCIAL SERVI	CES CORPORATION	The new
name must be distinguishable and contain the word "cor" "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbreva	or "Co". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u>)	7 0 0 1	LES PH 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>		REG 5
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ı, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		t the obligations of the posi	tion.

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)

Add

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 PΤ John Doe X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title **Name** Address (Check One) 1) ____ Change ____ Add Remove 2) ____ Change ___ Add __ Remove 3) ____ Change ___ Add Remove 4) ____ Change __ Add Remove 5) ____ Change Add __ Remove 6) ____ Change

ch additional sheets, if necessary). (Be specific)		
		
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n amendment provides for an exchange, reclassification, or cancellation of ovisions for implementing the amendment if not contained in the amendme	nt itself:	
(if not applicable, indicate N/A)		
		

The date of each amendment(s) ac date this document was signed.	loption:	if other than
. Effective date <u>if applicable</u> :		
Enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of ficient for approval.	l(s)
must be separately provided for "The number of votes cast	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	FIL 2022 JUN 22 SALLANASSI
selecte	(voting group) Iregor, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	PM 3: 51
	(Typed or printed name of person signing)	
	(Title of person signing)	

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