P970000 10873

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	RMATION RESOURCES	
	R:		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Е	ARL J. BARKER		
_		Name of Contact Person	1
C	RITICAL INFORMATION	RESOURCES	
		Firm/ Company	
19	915 TYRONE BLVD. NOF	етн	
		Address	
S	T. PRTERSBURG, FL 337	(0)	
		City/ State and Zip Cod	<u> </u>
CIRPIG	QCIRPLCOM		
	-	sed for future annual report	notification)
		•	,
For further information c	concerning this matter, pleas	se call:	
EARL J. BARKER		at (647-0083
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

CRITICAL INFORMATION RESOURCES, INCORPORATED

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(Name of Corporation	n as currently f	filed with the Florida De	pt. of State)			
P97000010873			LEG SEP	19	P	ij.
		Corporation (if known)	12		<u>;</u> s	.,
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Fl	orida Profit Corporation	adopts the fo	ŊŢ. Nowii	ng an	nendi
A. If amending name, enter the new name of the cor	rporation:					•
					Th	ļ ģ n
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the d	" Inc." or "Co	o". A professional corp	rporated" or oration name	the c must	ibbre cont	viati ain t
B. Enter new principal office address, if applicable:						<u> </u>
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)					
			-			
						 -
C. Enter new mailing address, if applicable:	.					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>()</u>					i
						1
						<u> </u>
D. If amending the registered agent and/or registere	ed office addres	ss in Florida, enter the n	ame of the			ì
new registered agent and/or the new registered of						
Name of New Registered Agent			<u>.</u> .		_	
						!
	(Florida street	ı address)				ļ
New Registered Office Address:			Florida			<u> </u>
	(C	lity)		(Zip	Code	
New Registered Agent's Signature, if changing Regi	istored Agent:					
I hereby accept the appointment as registered agent. I		th and accept the obligati	ons of the pos	ition.		
Siona	ture of New Res	gistered Agent, if changin	g		_	
		,				

P = President; V= Vice I Executive Officer; CFO : held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	President, = Chief F r, Directo in the fol ves the co	lowing manner. Currently John Doe is listed as orporation, Sally Smith is named the V and S. Tl	ore than one title, list the first letter of ea the PST and Mike Jones is listed as the V.
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	KELLY V. GREGORY	1915 TYRONE BLVD. NORTH
X Add			ST. PETERSBURG, FL 33710
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
<u></u>	
	_
	<u></u>
	!
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(у ног арупсате, таксае 1971)	
	<u></u>
	i

	09/16/2019	
The date of each amendment(s) ado date this document was signed.	ption:	if othe
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be list
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromist be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
09/16/2019		
Dated		1
Signature	(1) 7 1) (1) 1	1
(By a dir selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	; 1
I	EARL J. BARKER	
_	(Typed or printed name of person signing)	ļ
F	PRES	į
_	(Title of person signing)	