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## COVER LETTER

NAME OF CORPORATION: THE SAFETY & INTERALIGENCE INSTITUTE INC.

TO: Amendment Section Division of Corporations

Amendment Section

Division of Corporations

P.O. Box 6327

DOCUMENT NUMB	ER: <u>19700</u>	<u>00 94758-</u>	
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Tim Sunn PCRP 50 13777 Be LARGO, FA	Firm/ Company  Firm/ Company  Address  City/ State and Zip Cod	3007 5 SOUTH
_5(	E-mail address (to be a	sed for future annual report	notification)
For further information	concorning this matter, plea	se call	
Tin Je Name o	//////// f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State.
⊠ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Eding Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address

Amendment Section

Division of Corporations

Clifton Building

## Articles of Amendment to Articles of Incorporation of

Pursuant to the provisions of section 607-1006. Florida Statutes, this Florida Profit Corporation adopts the following amendments: the Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  THE 52 SHE CLAS ALVER AND TEXALLER AND TE			ly filed with the Florida Dept. of	
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendmentes its Articles of Incorporation.  A. If amending name, enter the new name of the corporation:  THE 52 SAFETY & TATEKLIGENCE INSTITUTE INC. The new name must be divinguishable and contain the word "corporation" company, or incorporated or the abbreviation (top). The "or Co" of the designation (top), The "or Co" of professional corporation name must contain the word "charleaged. "professional association," or the abbreviation "P A  B. Enter new principal office address, if applicable: (Whilling address MAY BE A POST OFFICE BOX)  C. Enter new mailing address if applicable: (Mulling address MAY BE A POST OFFICE BOX)  MA  The memory of New Registered Agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  **New Registered Office Lidress MA**  Thought Street (address)  **Philips street (address)	P9700	700 84158	<b>:-</b>	
A. If amending name, enter the new name of the corporation:  THE 5 TO SAFETY & TOTENCIE TO STITUTE THE Procession of the Abbreviation of the Companies of the Abbreviation of the Abbreviation of the Companies of the Abbreviation of the		(Document Number of	of Corporation (of known)	
THE 52 SAFETY & TATELLIGENCE INSTITUTE INC. The new name must be distinguishable and contain the word corporation. "Compane," or incorporated or the abbreviation "Corp." "Inc.," or "Co." I professional corporation name must contain the word chartered. "professional association," or the abbreviation "P. I professional corporation name must contain the word chartered. "professional association," or the abbreviation "P. I professional corporation name must contain the word chartered. "professional association," or the abbreviation "P. I professional corporation name must contain the word chartered. "Professional association in the most contain the word chartered. "Professional association in the most contain the word chartered affice address in Florida, enter the name of the new registered agent and/or the new registered office address.    Manual of New Registered Agent   MA		006. Florida Statutes, this	Florida Profit Corporation adop	ts the following amendment(s) to
name must be distinguishable and contain the word "corporation" or incorporated or the abhavilation "Corp." The. "or Co." - 4 professional corporation maine must contain the word "chartered." "professional association." or the abhavilation "P 4  B. Enter new principal office address, if applicable: (Principal office address MUST BE 1 STRELT ADDRESS.)  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:  \[ \lambda{Anne of New Registered Agent} \]  \[ \lambda{A} \]  \[ \l	A. If amending name, enter the new nar	ne of the corporation:		
C. Enter new mailing address, if applicable: (Mailing address MAYBE 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   NA	name must be distinguishable and conta *Corp." "Inc." or Co., or the designa	ion the word "corporation vion "Corp," "Inc," or	on " "company," or incorporat "Co" - 1 professional corporatio	ed" or the abbreviation
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:    \( \lambda \)   \( \l			_NA	
Name of New Registered Agent   NA   100    New Registered Office Address   NA   100    New Registered Office Address   NA   100    City   City   Cap ( one)    New Registered Agent's Signature, if changing Registered Agent:			NA_	
New Registered Office Address   New Registered Office Address   New Registered Agent's Signature, if changing Registered Agent:				of the
New Registered Office Address  (City)  Storda  (City)  New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent	NA		
New Registered Office Address  (City)  Storda  (City)  New Registered Agent's Signature, if changing Registered Agent:	-	rFlorida st	rict addressi	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	Van Baristan 1716 och 17 bran			
	New Registerea Office tadress	NA		
	New Registered Office Address  New Registered Agent's Signature, if the	thlorida si ルガ anging Registered Agen		(Zap) Corder
Signature of New Registered Agent, if changing	NA			

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; I. 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 fisted 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	', ana sa	ny Smun, SV as an Ada.	
$\frac{X}{X}$ Change	<u>PT</u>	<u>John Doe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change	<u></u>		
Add			
Remove			
3 ) Change			
Add			
Remove		14	
4) Change			
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Remove			
5) Change			\ <u></u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)			
NA				
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If an amendment provides for an exch provisions for implementing the amer	<u>ange, reclassification, or c</u> adment if not contained ir	<u>cancellation of issuec</u> i the amendment itse	<u>l shares.</u> lf:	
(if not applicable, indicate $NA$ )				
NA				
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The date of each amendment(s) a	loption: <u>NA</u>	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	1/4	
	tno more than 90 days after amendme	nt file date)
<b>Note:</b> If the date inserted in this I document's effective date on the De	clock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for approv	al
by	(voting group)	 
	(voling group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action	and shareholder
selecte	irector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, teed fiduciary by that fiduciary)	
	(Typed or printed name of person signing	3)
	(Title of person signing)	16612