584262

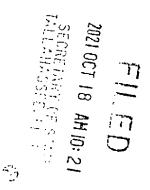
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		COVER LETTER	_
TO: Amendment Secti Division of Corpo		•	•
NAME OF CORPOR	RATION: Eyewitness Investi	igations & Surveillance, Inc).
DOCUMENT NUMB	BER: S84262		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are st	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Mark E. McNeely		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	π
	Eyewitness Investigations &	Surveillance Inc.	
-		Firm/ Company	
	1900 S. Harbor City Blvd Su	iite 325	
•		Address	
	Melbourne, Florida 32901		
		City/ State and Zip Cod	e
	mcneelyusa@yahoo.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Mark E. McNeely		at (³²¹	431-3539
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	S\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 18 AM 10: 21

Eyewitness Investigations & Surveillance, Inc.

(Name	of Corporation as curren	ntly filed with the Florida Dept. of State 116 7075	
S84262		Million	
- 1 the second s	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, the	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
NA		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address,	if applicable:	1900 S. Harbor City Blvd.	
(Principal office address MUST BE A STREET ADDRESS)		Suite 325	
		Melbourne, FL 32901	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1900 S. Harbor City Blvd.	
		Suite 325	
		Melbourne, FL 32901	
D. If amending the registered agent an new registered agent and/or the new		Idress in Florida, enter the name of the	
Name of New Registered Agent Sean C. Harnage		_	
The state of the s	1900 S. Harbor City Blv	d. Suite 325	
	(Florida :	street address)	
New Registered Office Address;	Melbourne	. Florida	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		(City) (Zip Code) nt: r with and accept the obligations of the position.	
		/	
	Signature of New	Registered Agent, if changing	
A	-		

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	(Be specific)			
				
				
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amendment provides for an excha	inge, reclassification, or diment if not contained	r cancellation of issu in the amendment it	ed shares. self:	
(if not applicable, indicate N/A)		· · · · · ·	ì	
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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 Doe	1
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Jennings E. Harrison	PO BOX 412047
Add			Melbourne, FL 32941
Remove	_		
2) Change	D	Betty K. Harrison	PO BOX 412047
Add			Melbourne, FL 32941
X Remove 3) Change	D	Mark E. McNeely	1900 S. Harbor City Blvd.
X Add			Suite 325
Remove			Melbourne, FL 32901
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			1
Add			
Remove			

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The data of the 11/04/2021
The date of each amendment(s) adoption:
11 <i>mar</i> 2021
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
Dated 10-13-2021
Signature Betty K. Harrison
(by a director, president or other officer – if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(1 yped or printed name of person signing)
Director
(Title of person signing)

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