P08000047600

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2009 JUN 19 AM 8: 38

Repla

COVER LETTER

TO: Amendment Section ' Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Skorpion Security, Inc			6
DOCUMENT NU	mber: <u>P08000047</u>	600	
The enclosed Artic	les of Amendment and fee ar	re submitted for filing.	
Please return all co	rrespondence concerning this	s matter to the following:	
		rent Cohagan f Contact Person)	
	(r.tanic o	. Con	
		agan Engineering, Inc m/ Company)	
		5 NW 22nd Way (Address)	
		(Audiess)	
		on Beach, Fl 33436 ate and Zip Code)	
For further informa	tion concerning this matter, [please call:	
Brent Cohagan	of Contact Person)	at (561) 364-763 (Area Code & Daytim	
,	,	ade payable to the Florida De	•
\$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 C	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

F	
2009 JUN	ILED
TALLAHASS	19 AM 8:38
Dept. of State	E, FLORIDA

Skorpion Security, Inc.

(Name of Corporation as curren	ntly filed with the Florida Dept. of Sta	ate) CE, FLORIE
P080	00047600	
(Document Numb	per of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate		Corporation adopts the
A. If amending name, enter the new name of t	the corporation:	
Cohagan Engineering, Inc.		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	'Inc.," or Co.," or the designation '	"Corp," "Inc," or
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>E_BOX</i>)	
D. If amending the registered agent and/or remove registered agent and/or the new registered		ter the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		pt the obligations of the

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)

ove
ove
ove
ove

<u>s,</u>

···········

The date of each amendment(s) add	option:			
Effective date if applicable:				
, , (no m	ore than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suff	eted by the shareholders. The number of votes cast for the amendment(s) recient for approval.			
	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 for	r the amendment(s) was/were sufficient for approval			
by	g group)			
(voting	z group)			
The amendment(s) was/were adopt action was not required.	eted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder			
Dated 6/16/09 Signature	3/1/			
(By a direct selected, b	etor, president or other efficer – if directors or officers have not been y an incorporator if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)			
	Brent Cohagan			
_	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			