P08000052366

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

• TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WELT	ER Locky SAF	E CO.
DOCUMENT NUMBER: POSOOC	0052366	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
DAVIO WELTEI	of Contact Person)	
WELTER lock	y sare	
5106 S.St. 1	(Address)	
H/Wd., Fl. 33 (City/Si	23 / 4 tate and Zip Code)	
For further information concerning this matter,	please call:	
(Name of Contact Person)	at (Sy) 270 (Area Code & Daytime	OSSO Telephone Number)
Enclosed is a check for the following amount m	nade 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 Cir Tallahassee, FL 32301	cle

Articles of Amendment to **Articles of Incorporation**

WELTER Lock + Safe

(Name of Corporation as currently filed with	h the Florida Dept. of State)
108000052366	SEE PA
POSODOS2366 (Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Stationary Stationary Collowing amendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopte the
A. If amending name, enter the new name of the corporat	ion:
NIA	
The new name must be distinguishable and contain to incorporated" or the abbreviation "Corp.," "Inc.," or Coro" A professional corporation name must contains sociation," or the abbreviation "P.A."	Co.," or the designation "Corp," "Inc," or
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	5706 S. St. Fd. 7 HIWD, Ft 33314
<u> </u>	H/Wd, F1 33314
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4401 SW5674 AU-
	Davie, Fl. 33314
 If amending the registered agent and/or registered office and/or the new registered office a 	
•	vie Weller-Gravia
New Registered Office Address: 5166 S.	orida street address)
Hollywa	, Florida 33314 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I amosition.	n familiar with and accept the obligations of the
Outspore.	

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)

<u>Title</u>	<u>Name</u>		Address	
			A 5106 S. St. P. 23	
Pres	DAvid	WELTER	440/SUSUTA DAVIE, FL 238	Add Remove
treasura	-DAVID	WELTER	940/SD 56th Deviz, Fl 333	Add Remove
		tional Articles, enter ecessary). (Be spec		
Chang	ing prima	ry ownershi	From David	WELTER TO
Steph			5190 And D	
Steph	anie WELT		5190 And D	
•	anie WELT		5190 And D	
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•	anie WELT		5190 And D	
•	anie WELT		5190 And D	
F. Ifanam	anie WELT	TEA - GranTa	lassification, or cancellation	oo of issued shares,
F. If an amprovisio	anie WELT	for an exchange, rec		oo of issued shares,
F. If an amprovisio	endment provides in sor implementing applicable, indica	for an exchange, recog the amendment if	lassification, or cancellation not contained in the amend	oo of issued shares,
F. If an amprovisio	endment provides in sor implementing applicable, indica	for an exchange, recog the amendment if	lassification, or cancellation not contained in the amend	oo of issued shares,
F. If an amprovisio	endment provides in sor implementing applicable, indica	for an exchange, rec	lassification, or cancellation not contained in the amend	oo of issued shares,
F. If an amprovisio	endment provides in sor implementing applicable, indica	for an exchange, recog the amendment if	lassification, or cancellation not contained in the amend	oo of issued shares,
F. If an amprovisio	endment provides in sor implementing applicable, indica	for an exchange, recog the amendment if	lassification, or cancellation not contained in the amend	oo of issued shares,

The date of each amendment(s) adoption: 10-20-08
Effective date if applicable: 10-20-08
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated_10/76/08
(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)
Stephanie Welter - Grania (Typed or printed name of person signing)
President 10/20/08 (Title of person signing)