

F080000003447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

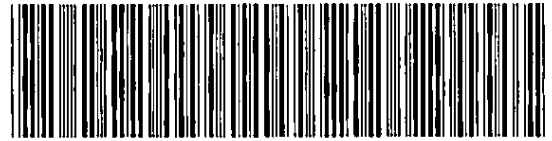
(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

Office Use Only



300398468753

*Amend*

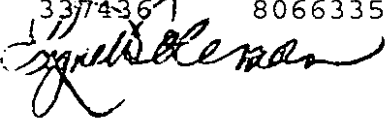
FILED  
2023 JAN 17 AM 9:27

RECEIVED  
2023 JAN 17 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

JAN 19 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 3374367 8066335  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : January 9, 2023  
ORDER TIME : 1:53 PM  
ORDER NO. : 337436-020  
CUSTOMER NO: 8066335

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FOREIGN FILINGS

NAME: STRATEGIC SECURITY CORP.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

FILED

2023 JAN 17 AM 9:27

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F08000003447

(Document number of corporation (if known))

1. Strategic Security Corp.  
(Name of corporation as it appears on the records of the Department of State)
2. New York 3. 08/06/2008  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

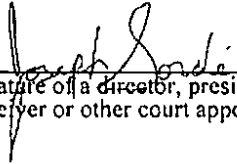
\_\_\_\_\_  
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u>                       | <u>Name</u>       | <u>Address</u>      | <u>Type of Action</u>                      |
|----------------------------------------------|-------------------|---------------------|--------------------------------------------|
| President, Secretary,<br>Director, CEO, CFO  | Christie L. Sordi | 7 Aberdeen Road     | <input type="checkbox"/> Add               |
|                                              |                   | Smithtown, Y 11787  | <input checked="" type="checkbox"/> Remove |
| President, Secretary,<br>Treasurer, Director | Joseph Sordi      | 19 Bellemeade Ave.  | <input checked="" type="checkbox"/> Add    |
|                                              |                   | Smithtown, NY 11787 | <input type="checkbox"/> Remove            |
|                                              |                   |                     | <input type="checkbox"/> Add               |
|                                              |                   |                     | <input type="checkbox"/> Remove            |
|                                              |                   |                     | <input type="checkbox"/> Add               |
|                                              |                   |                     | <input type="checkbox"/> Remove            |
|                                              |                   |                     | <input type="checkbox"/> Add               |
|                                              |                   |                     | <input type="checkbox"/> Remove            |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joseph Sordi  
 (Typed or printed name of person signing)

President  
 (Title of person signing)

**FILING FEE \$35.00**