F59209

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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| by telephon cans |
| by telepon can |
| IN 4/3/12 |
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Roberts APR 0 5 2010

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORP | ORATION: | Security Specialist, Ir | nc | | |
|--|---|--|---|--|--|
| DOCUMENT NU | NUMBER: F59209 | | | | |
| The enclosed Artic | les of Amendment and fee a | re submitted for filing. | | | |
| Please return all co | rrespondence concerning thi | is matter to the following: | | | |
| _ | | lichael F. Kayusa | | | |
| | N | ame of Contact Person | | | |
| | Law O | ffice of Michael Kayusa | | | |
| | | Firm/ Company | | | |
| | 2400 First Street, Suite 303 | | | | |
| | | Address | | | |
| | | rt Myers, FL 33901 | | | |
| | C | ity/ State and Zip Code | | | |
| | E-mail address: (to be use | d for future annual report notification) | | | |
| For further informa | ation concerning this matter, | please call: | | | |
| , | April McDaniel | at (239) | 334-8200 | | |
| Name of Contact Person | | Area Code & Daytime To | elephone Number | | |
| Enclosed is a check | for the following amount n | nade payable to the Florida Depa | rtment of State: | | |
| ☑ \$35 Filing Fee | S43.75 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 | | Street Address Amendment Section Division of Corporations Clifton Building | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

| | Articles of file | or poration (**) |
|--|-------------------------------|--|
| | of | FLED |
| | y Specialist, | |
| (Name of Corporation as curr | ently filed with | the Florida Dept. of State) < PH 2: 33 |
| | F59209 | PALLAF ARTY OF STATE |
| (Document Nu | nber of Corporat | ion (if known) |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 06, Florida Statu | tes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of | f the corporatio | <u>on:</u> |
| | | The new |
| | e designation "C | poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation lation," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: | | 5929 Youngquist Road |
| (Principal office address <u>MUST BE A STREI</u> | ET ADDRESS) | Unit 1 |
| | | Fort Myers, FL 33912 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 5929 Youngquist Road |
| | | Unit 1 |
| | | Fort Myers, FL 33912 |
| D. If amending the registered agent and/or new registered agent and/or the new reg | | |
| Name of New Registered Agent: | gent: Michael F. Kayusa, Esq. | |
| New Registered Office Address: | + | treet, Suite 303 rida street address) |
| | Fort Myers | , Florida 33901 |
| | (City) | |
| New Registered Agent's Signature, if chang | ing Registered A | Agent: |
| | | siliar with and accept the obligations of the position. |
| | Signature of New | v 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 | Type of Action |
|------------------|--|---|-------------------|
| P | Rick A. Rose | 9739 Spring Ridge Cir Estero, FL 33928 | Add Remove |
| Preside | Patrick L. Mahoney | 5929 Youngquist Road Unit 1 Fort Myers, FL 33912 | ☑ Add □ Remove |
| Vice P | Emil Borchert | 5929 Youngquist Road Unit 1 Fort Myers, FL 33912 | Remove |
| | ling or adding additional Articles, dditional sheets, if necessary). (Be | | |
| | | | |
| | | | |
| *** | | | |
| | | | |
| provisi (if n | | e, reclassification, or cancellation o ent if not contained in the amendme | |
| N/A | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: March 26, 2010 |
|--|---|
| Effective date <u>if applicable</u> : | March 26, 2010 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated_Mar | rch 29, 2010 |
| Signature _ | E The Co |
| (B) sel | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | <i>VP</i> |
| | (Title of person signing) |