G92445

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida De	tention Systems,	Inc.
DOCUMENT NUMBER: G92445		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Drew Maider		
	Name of Contact Persor	1
Florida Detention	n Systems, Inc.	
	Firm/ Company	
1296 SE 31st St		
,	Address	
Melrose, FL 326	66	
	City/ State and Zip Code	•
drew@floridadetenti	on.com	
	sed for future annual report	notification)
For further information concerning this matter, plea	ise call:	
Drew Maider	_{at (} 352	475-5391
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida Detention Systems, In	С.		
(Name of Corporation as current	ly filed with the Florida Dept, of	State)	
G92445			
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profess		
B. Enter new principal office address, if application	able		٠. ا
(Principal office address MUST BE A STREET)	ADDRESS)	.tm.	. *
		<u> </u>	7/L 27/27/27/27/27/27/27/27/27/27/27/27/27/2
			, P
			20 G
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	PAY)	D _n	ယ်
(Mailing address MAT BE A POST OF FICE	<u>BUX</u>)		. .
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the	
Name of New Registered Agent			
Name of New Registered Agent			
	(Florida street address)		
New Paristanad Office Address		Elorida	
New Registered Office Address:	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age.	nt. I am familiar with and accept t	the obligations of the position.	
Signature o	of New Registered Agent if changing	<u> </u>	

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	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	V	Tom Lowe	1509 E Brownlee Rd Starke, FL 32091
2) X Change Add Remove	VCFO	Drew Maider	3855 Trail Ridge Rd Middleburg, FL 32068
3) Change x Add Remove	<u>v</u>	Joe Castelvecchi	7560 Fremont Ave Keystone Heights, FL 32656
4) Change Add Remove		-	
5) Change Add Remove		<u> </u>	
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
(attach additional sheets, if necessar	v). (Be specific)	
	•	**
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F. If an amendment provides for an o	xchange, reclassification, or cancellation	of issued shares,
provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in the amend	<u>lment itself:</u>
••		
	······································	

The date of each amendment(s)	adoption: 6/26/12
Effective date <u>if applicable</u> : 6	/26/12
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 6/26/	12
Signature	Deni-
selec	a director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Drew Maider
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)