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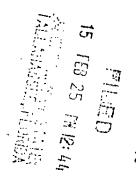
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FEB 26 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Covert Se	curity Services	, Inc.
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Tad Lamb		
	Tuu Lumb	Name of Contact Person	
	Covert Coourity		
	Covert Security		
•		Firm/ Company	
	801 Northpoint	Pkwy, Ste 128	
		Address	
	West Palm Bea	ch, Fl 33407	
	,	City/ State and Zip Code	2
:¢			
inte	o@covertsecurity		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Tad Lamb		at (407	274-0526
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ertment 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		Amend Divisio	Address ment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	
1 ananassee, FL 32314		Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED 15 FEB 25 PH 12: 44

Covert Security Services, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

Total Assessment of	i tari
JAMES AND STORY OF ST.	
JALLA DESTE, FL	aadaa.

	of Corporation (if known)		
suant to the provisions of section 607.1006, Flor Articles of Incorporation:	rida Statutes, this <i>Florida Proj</i>	fit Corporation adopts the following	ig amendm
If amending name, enter the new name of the	corporation:		
			The new
ne must be distinguishable and contain the vorp.," "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or t	orp," "Inc," or "Co". A pro		
Enter new principal office address, if applica incipal office address <u>MUST BE A STREET A</u>			-
	. <u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		-
			_
If amending the registered agent and/or registered registered agent and/or the new register		da, enter the name of the	-
Name of New Registered Agent			
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
		, Florida (Zip Code)	_
New Registered Office Address:	(City)		

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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Joe Young	**************************************
Add			
Remove			
2) Change	<u>V</u>	Tyler Ignatowski	* * * * * * * * * * * * * * * * * * * *
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
L. L Kelliove			

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	•
· · · · · ·	
If on a	mandment provides for an exchange reclassification, or cancellation of issued shares
If an a	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)
provi	sions for implementing the amendment if not contained in the amendment itself:
provi	sions for implementing the amendment if not contained in the amendment itself:
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provi	sions for implementing the amendment if not contained in the amendment itself:
provi	sions for implementing the amendment if not contained in the amendment itself:

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
mappineasie.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) cient 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 fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 2-17-15 Signature		
selected,	botor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)	
<u>T</u>	ad Lamb	_
	(Typed or printed name of person signing)	
<u> P</u>	President	
	(Title of person signing)	