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(Requestor's Name) (Address) (Address)	300350035703
(City/State/Zip/Phone #)	08/20/2001025014 **35.00
Certified Copies Certificates of Status	5¢ : 1 : 2: 2
Office Use Only	СТ 0 6 2029

COVER LETTER

TO: Amendment Section Division of Corporations	•	* *	4	
NAME OF CORPORATION:	Smith	Securi	ity_	System, Inc.
DOCUMENT NUMBER:	J29-	190	<u> </u>	J .

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person Firm/ Company tox Drive <u>YPPZE FL 32563</u> City/State and Zip Code 333 D q Mail, COM

For further information concerning this matter, please call:

at (<u>850</u>)<u><u>112</u><u>-8030</u> Area Code & Daytime Telephone Number</u> <u>Name of Contact Person</u>

Enclosed is a check for the following amount made payable to the Florida Department of State:

🔀 \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

(Name of Corporation	on as currently filed with the Flori	da Dept. of State)
Smith Security S	ystem Inc.	
(Docum	ent Number of Corporation (if know	n)
ursuant to the provisions of section 607.1006, Floride	Statutes, this Florida Profit Corpor	vation adopts the following amendment(s)
s Articles of Incorporation:		
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	" or "Co". A professional corpor	
B. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	2
		0301
Enter new mailing address, if applicable:		•
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	· · ·
		2: 2:
		2: 2
		C>
 If amending the registered agent and/or register new registered agent and/or the new registered 		the name of the
new registeren agent ann/or the new registeren	once address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	<u>istered Agent:</u> Law familiar with and accent the ob	diactions of the position
nereo, accept me appointment as registered agent.		inguine of the position.

Signature of New Registered Agent, if changing

Check if applicable

. . .

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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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 = ChiefExecutive 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:	-		
<u>X</u> Change	<u>PT John I</u>	Doe	
X Remove	\underline{V} Mike.	lones	
<u>X</u> Add	<u>SV Sally</u>	Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	S	Alice L. Crawley	<u>3015 Ranchette Square</u> <u>Gulf Breeze, FL 32563</u>
Add Remove 2) Change	PVDS	Scott C. Crawley	2597 Mary Fox Drive Guif Breeze, FL 32563
Add		\int	Gulf Breeze, FL 32563
Remove 3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach additional sheets, if	necessary). (B	, enter change(s) le specific)			
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an amendment provides	<u>s for an exchang</u>	e, reclassificatio	<u>n, or cancellation o</u>	f issued shares.	
provisions for implement (if not applicable, indi	icate N/A)	<u>nent ii not contai</u>	ned in the amendi	ient itseit:	
(9					
			· · · · · · · · · · · · · · · · · · ·		
				<u> </u>	

. The date of each amendment(s) adoption: ______

date this document was signed.

, if other than the

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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

(voting group) by _ Dated By a director, president yr other officer – if directors or officers have not been Signature selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) <u>Scatt</u> <u>Crawley</u> (Typed or printed name of person signing) PVDS Title of person signing)