

M13000008026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

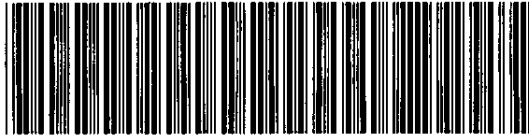
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255008896

RECEIVED
DEPARTMENT OF STATE
14 JAN 15 PM 1:49
FILED
14 JAN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2014
T. BROWN



CORPORATION SERVICE COMPANY**

ACCOUNT NO. : I20000000195
REFERENCE : 865361 7925111
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : October 30, 2013
ORDER TIME : 12:46 PM
ORDER NO. : 865361-016
CUSTOMER NO: 7925111

DOMESTIC AMENDMENT FILING

NAME: VEILED TECHNOLOGIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

865361-16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: VEILED TECHNOLOGIES OF DELAWARE, LLC
Ref. Number: M13000008026

We have received your document for VEILED TECHNOLOGIES OF DELAWARE, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 814A00001105

RECEIVED
CORPORATION DIVISION
2014 JAN 29 PM 4:13
TO: TALLAHASSEE
SUPERVISORY OFFICER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VEILED TECHNOLOGIES OF DELAWARE, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER RUNG

Name of Person

VEILED TECHNOLOGIES OF DELAWARE, LLC

Firm/Company

17633 GUNN HIGHWAY, HWY #188

Address

ODESSA, FL 33556

City/State and Zip Code

prung@idranksecurity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER RUNG

Name of Person

at (813) 482-2045

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: VEILED TECHNOLOGIES OF DELAWARE, LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 12/9/13

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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

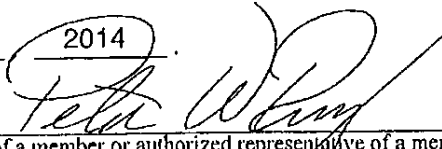
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: REMOVE: MGRM: PETER W. RUNG

ADD: I.D. RANK SECURITY, INC. 17633 GUNN HIGHWAY HWY #188, ODESSA, FL 33556

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Dated January 15

2014



Signature of a member or authorized representative of a member

Peter W. Rung, Authorized representative of I.D. Rank Security, Inc.
Typed or printed name of signee

FILED
14 JAN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA