Note: Please print this page and use it as a cover sheet. Type the fax audit num (shown below) on the top and bottom of all pages of the document. (((H24000025696 3)))) H24000025696 3ABC1 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP Account Number : 120190000014 Phone : (904)660-0020 Fax Number : (904)660-0020 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN	nber
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<pre>H240000256963ABC1 H240000256963ABC1 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP Account Number : I20190000014 Phone : (904)660-0020 Fax Number : (904)660-0029 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.**</pre>	
From: Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP Account Number : I20190000014 Phone : (904)660-0020 Fax Number : (904)660-0029 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.**	2024 JAN 3
Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP Account Number : I20190000014 Phone : (904)660-0020 Fax Number : (904)660-0029 **Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.**	- 2 024 J
annual report mailings. Enter only one email address please.**	AH 9:50
Email Address:	e
C1 PATRIOT SERVICES GROUP, INC.	
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Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

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H24000025696 3 **COVER LETTER**

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: PATRIOT SERVICES GROUP, INC.

DOCUMENT NUMBER: _____

Tallahassee, FL 32314

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

Please return all correspondence concerning this matter to the following:

JENI SMITH

		(Name of Contact Per	son)		,-	HAL H	بہ ۔۔۔ ،
LIPPES MATHIAS	SLLP				-	WH 22	ر. با محدد . سد ۲۰
· · · ·		(Firm/ Company)			ie i	لهنز هرب	
10151 DEERWOO	D PARK BLVD, I	BLDG 300, STE	300			AH 9:	1114 202
· ·		(Address)				50	_
JACKSONVILLE,	FL 32256						
		(City/ State and Zip C	ode)				_
JSMITH@LIPPES	COM						
	E-mail address: (to be use	d for future annual repo	rt notificatio	m)			—
For further information con	cerning this matter, pleas	= call:					
JENI SMITH		at	904	660-0020			
	(Name of Contact Person		Area Code)	(Daytime Telep	phone Nu	imber)	_
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certii Certii (Addi	0 Filing Fee ficate of Status fied Copy itional Copy is osed)			
	Address ent Section of Corporations	Ame	et Address endment Sect sion of Corp				
P.O. Box 6327		The	Centre of T	allahassee			

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H24000025696 3 Articles of Amendment to Articles of Incorporation oſ

PATRIOT SERVICES GROUP, INC

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

N0900001198

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation name must be distinguishable and contain the word "corporation	<u>a:</u>	.	2021	
name must be distinguishable and contain the word "corporation	n" or "incorporated"	or the abbreviation "Corp	." or Inc."	Ē
"Company" or "Co." may not be used in the name.		2.	¥ . 2	4. 19 4 1123
B. <u>Enter new principal office address, if applicable:</u>			.N	.+ 3
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		14		:
-			، يو	222 222
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
-				
D. If amending the registered agent and/or registered office : new registered agent and/or the new registered office add		inter the name of the		
Name of New Registered Agent:			<u></u>	
New Registered Office Address:	(Flor	rida street address)		
		Flowida		
	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent Agent's Signature, if changing Registered Agent. I am famil		he obligations of the positio		

Signature of New Registered Agent, if changing

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mi</u>	hn Doc ike Jones Ily Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	2024
1) Change Add	<u>CEO</u>	PAUL ANDERSON	4016 S Third Jacksonville Be	ach, FL32250
Remove				<u> </u>
2) Change Add				· · · · · · · · · · · · · · · · · · ·
3) Remove Add Add				
4) Change Add				
Remove			<u></u>	
5) Change Add				
Remove				
6) Change Add				
Remove				

E. If <u>mmending or adding additional Articles</u>, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption:	 , if other than the
date this document was signed.	

Effective date if applicable:

(no more than 90 days after amendment file date)

<u>Note:</u> 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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From Hover Networks Fax Service

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

	1/18/2024
Dated	

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Beth Smith

(Typed or printed name of person signing)

AUTHORIZED SIGNATORY

(Title of person signing)

2024 JAN 22 AM 9:50

L.C. AD. SSUE, EL

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