## NI7000001755

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	JSA CORPORATION		
DOCUMENT NUMBER: N17000001755			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Chey	enne Moseley		
	(Name of Contact Person	))	
Legal	zoom.com, Inc.		
	(Firm/ Company)		
101 N. Bra	ind Blvd., 11th Floor		
	(Address)		
Glend	dale, CA 91203		
	(City/ State and Zip Code	2)	
ncandsons@aol.com			
E-mail address: (to be used	·	notification)	
For further information concerning this matter, please	call:		
Cheyenne Moseley	800 at (	773-0888 ext. 9724	
(Name of Contact Person) (Area Code & Daytime Telephone Nu			
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 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	rations Division of Corporations Clitton Building		

## Articles of Amendment to Articles of Incorporation of

## FALLEN BADGE USA CORPORATION

FALLEN BADGE USA CORPORATION			_
(Name of Corporation as currently file	d with the Flo	rida Dept. of State)	
N17000001755			
(Documen	t Number of Co	orporation (if known)	-
Pursuant to the provisions of section 617,1006, amendment(s) to its Articles of Incorporation:	Florida Statute	es, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name o	f the corporati	ion:	
Fallen Shield USA Corporation			The new
name must be distinguishable and contain the v "Company" or "Co." may not be used in the p	word "corporat name.	tion" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if app		Same	
(Principal office address <u>MUST BE A STREE</u>	<u>ET ADDRESS</u> )		_
			- 4
C. Enter new mailing address, if applicable	<u>::</u>	Same	
(Mailing address MAY BE A POST OFFI	CE BOX)		- 1 1
			0F STATE 25 STATE 25 STATE
D. If amending the registered agent and/or new registered agent and/or the new regi			л <u>о</u> г
Name of New Registered Agent:	me		
		(Florida street address)	
New Registered Office Address:			
Sar	ne	. Florida	
	(City)	(Zip Coa	le)
New Registered Agent's Signature, if changi	ing Registered	Agent:	
		miliar with and accept the obligations of the position.	
Sig	gnature of New	Registered Agent, if changing	

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove	_		
3 ) Change Add Remove	_		
4) Change Add Remove			
5) Change Add		_	
Remove  6) Change  Add  Remove			

(attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated 7-	6-17	
Signature		<del></del>
have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
Keith Nicholson		
(	Typed or printed name of person signing)	
President		
	(Title of person signing)	