

N19000001174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

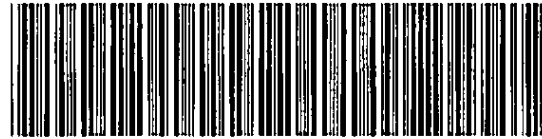
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 21 AM 9:09
CLERK OF STATE
TALLAHASSEE, FL

2021 JAN 21
JAN 21 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2021

SONTYA R LABOSCO
10741 TYSON ROAD
ORLANDO, FL 32832

SUBJECT: AIR MARSHAL NATIONAL COUNCIL, INC.
Ref. Number: N19000001174

We have received your document for AIR MARSHAL NATIONAL COUNCIL, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 220A00024382

COVER LETTER

FD: Amendment Section
Division of Corporations

Air Marshal National Council, INC.

NAME OF CORPORATION:

N10000001171

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Sonya LaBosco

(Name of Contact Person)

Air Marshal National Council

(Firm/Company)

10711 Lyson Road

(Address)

Orlando Florida 32832

(City, State and Zip Code)

slabosco@airmarshalnc.com

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

For further information concerning this matter, please call:

Sonya LaBosco

807 733 6700

(Name of Contact Person)

at _____
(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|---|--|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$57.50 Filing Fee, Certificate of Status, Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32311

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

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

Air Marshal National Council, Inc.

N19000001174

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617, 1906, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Federal Security Council, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

same

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

same

Name of New Registered Agent

New Registered Office Address

City

Florida

STATE
FLORIDA
SECRETARY OF STATE

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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of the position.

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 PTD 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, ST as an Add.

Example

☒ Change	PT	John Doe
☒ Remove	V	Mike Jones
☒ Add	ST	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
2) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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

01/21/2021

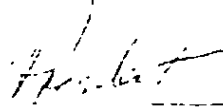
Dated _____

Signature _____

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

Sonya R. LaBrosse

(Typed or printed name of person signing)



(Title of person signing)