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TALLAMASSES FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	(9 DETECTION SERVICES, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
DENISE PARKER - PRESIDENT	
	(Name of Contact Person)
COLLIER K9 DETECTION SERVICES, INC	C
	(Firm/ Company)
1880 SENEGAL DATE DRIVE	
	(Address)
NAPLES, FL 34119	
	(City/ State and Zip Code)
DENISE@PARKERWIRE.COM	
E-mail address: (to)	be used for future annual report notification)
For further information concerning this matter,	, please call:
DENISE PARKER	239 4()4-8543
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	ee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address	Street 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 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COLLIER K9 DETECTION SERVICES, INC	oi.		«I o∃s	2020
(Name of Corporation as currently filed with the Flo	rida Dent. of State)			- A B -
N2(XXXXX)7427	ida Dept. of State)		AAR)G 25
(Document N	Number of Corporation (i	f known)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation 2	51	cri followin
A. If amending name, enter the new name of the corp	oration:		<i>m</i> .	.2
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	voration" or "incorpora	ed" or the abbreviation	"Corp." or	The new "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		-	
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
			 -	
. If amending the registered agent and/or registered office new registered agent and/or the new registered office new registered office new registered of the new registered of	office address in Florida ce address:	, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(F	lorida street address)		
		Florida		
	(City)	(Zip Co	de)	
ew Registered Agent's Signature, if changing Register lereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept	the obligations of the pos	sitton,	
	Signature of New Registe	ered Agent if chaming		

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 = 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mil</u>	<u>ın Doe</u> ke Jones ly <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove	<u>D</u>	CONNIE HUFF SMITH	4701 VILLA MARE LN NAPLES, FL 34103
2) Change Add	D	TRACY GUSTAFSON	30 CROSS STREET SEEKONK, MA 02771
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she	ing additional Areets, if necessary).	ticles, enter change(s) here: (Be specific)	
			-

		
		
		
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		-
		
		- <u> </u>
		
		
		
		
		
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
в арупкане;	(no more than 90 days after amendment file date)	
Note: If the details and the second	tanenament fue date)	· —
document's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

There are no mer adopted by the b	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated Signatur	AUGUST 21, 2020
	(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)
	DENISE PARKER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)