P0000025340

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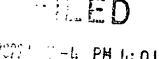
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: GATEKEEPERS	ENTRY SYSTEMS, INC.		
DOCUMENT NUM	1BER: P00000025340			
	es of Amendment and fee are su	abmitted for filing.		
Please return all corn	respondence concerning this ma	itter to the following:		
	Daniel Alexander Cassels			
		Name of Contact Persor	1	
	Gatekeepers Entry Systems,	Inc.		
		Firm/ Company	····	
	P.O. Box 613	, -		
	·	Address		
	Thonotosassa, FL 33592			
		City/ State and Zip Code		
	dan@gatekeepersfl.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Daniel Cassels		at (813	752-4096	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$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 Tailahassee, 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 Articles of Incorporation of



Gatekeepers Entry Systems, Inc. (Name of Corporation as currently filed with the Florida Dept. of State P00000025340 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1502 Lenna Ave B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Setfner, FL 33584 C. Enter new mailing address, if applicable: P.O. Box 613 (Mailing address MAY BE A POST OFFICE BOX) Thonotosassa, FL 33592 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:

Daniel Alexander Cassels Name of New Registered Agent 1502 Lenna Ave (Florida street address) , Florida<u>--</u>-Seffner New Registered Office Address: (City)

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

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

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chairman or Clerk; CEO

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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>b.l.</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change DPST		GUIN BRADFORD CASSELS	12911 MIKELYN PL			
Add			THONOTOSASSA, FL 33592			
X Remove 2) Change	DPST	DANIEL ALEXANDER CASSELS	1502 LENNA AVE			
X Add			SEFFNER, FL 33584			
Remove Change						
Add						
Remove						
4) Change		<u> </u>				
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach	additional she	ng additional A vets, if necessary,	. (Be specif.	ic)	•		
							
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fan a	mendment pr	ovides for an ex-	change, reclas	sification, or	cancellation o	f issued share:	<u>s,</u>
provis	sions for impl Enot applicabl	ementing the an le, indicate N/A)	<u>nendment if n</u>	ot <u>contained i</u>	n the amendn	nent <u>itself:</u>	
1.9	, пос иррпсио	c, mucuic 17711					
			-				
				· <u>-</u>			
		-					
						<u>.</u>	<u></u>

August 1, 2022		
The date of each amendment(s) adoption:	, if other	than
date this document was signed.		
August 1, 2022		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	fill not be lister	d as
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action as action was not required.	nd sharcholder	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	جي	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	M2 F 7	- - -
"The number of votes east for the amendment(s) was/were sufficient for approval		er grig
by	ô 29 H	1 8
(voting group)	ا علم اجنا	
	ist.	
Dated 8/01/2022	PH 4: 01	
Signature 6 vi b		
(By a director, president or other officer - if directors or officers have not been		
selected, by an incorporator – if in the hands of a receiver, trustee, or other court		
appointed fiduciary by that fiduciary)		
_ ^		
GOIN B. CASSELS		
(Typed or printed name of person signing)		
DPST		
(Title of person signing)		