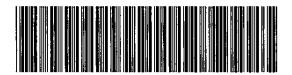
## P02000105845

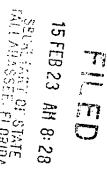
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:		
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Office Use Only



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AM 2-24-15

•	<b>COVER LETTER</b>	· •	
TO: Amendment Section Division of Corporations			SEUMEN ALLARA
NAME OF CORPORATION: Adera, Inc.			ARY (SSE)
DOCUMENT NUMBER: P0200010584	5		
The enclosed Articles of Amendment and fee are sub			STATE
Please return all correspondence concerning this mat	ter to the following:		. >
Jane E. Lamberso	on, CPA		
	Name of Contact Person		
Urish Popeck & C		_	
<del>-</del>	Firm/ Company		<del></del>
P.O. Box 111419			
	Address		<del></del>
Naples, FL 3410	8		
	City/ State and Zip Cod	e	
jlamberson@urishpo	peck.com		
E-mail address: (to be us	ed for future annual report	notification)	-
For further information concerning this matter, pleas	e call:		
Jane E Lamberson	at (239	, 262-0170	
Name of Contact Person	Name of Contact Person Area Code & Daytime Telephone		ımber
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 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	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of A to Articles of Inc	corporation SS 7
Adera, Inc.	
(Name of Corporation as currently filed with the I	Clorida Dept. of State)
P02000105845	Fknown)
(Document Number of Corporation (	if known) 28
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Adera On-Site Security Shredding, Inc.	Florida Profit Corporation adopts the following amendment(s  The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8801 Business Park Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Unit 211
	Fort Myers, FL 33912
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8801 Business Park Drive

D. <u>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:</u>

Name of New Registered Agent	Derek H Rees		
	8801 Business Park Dr., Unit 211		
	(Florida street address)	<del></del>	
New Registered Office Address:	Fort Myers	, Florida_33912	
	(City)	(Zip Code)	

**Unit 211** 

Fort Myers, FL 33912

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

I hereby accept the appointment as registered agent. I am familiar with anti-accept the obligations 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 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PVTS	Derek H Rees	8801 Business Park Drive
Add			Unit 211
Remove			Fort Myers, FL 33912
2) Change			
Add			
Remove			
3) Change			<del> </del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articated Articated Additional Sheets, if necessary).	(Be specific)	—		
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f an amendment provides for an exch	annas maalassifiaatis	.n. ou agusallatio	- of issued shor	or.
provisions for implementing the ame	ndment if not conta	ined in the amen	dment itself:	<del>C3,</del>
(if not applicable, indicate N/A)				

and the second

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	02/16/215	
Signature		
(By a di	rector, president or other officer - if directors or officers have not been	<del></del>
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Derek H Rees	
-	(Typed or printed name of person signing)	<del></del> .
	President	
·	(Title of person signing)	<del></del>