

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000191518 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 203-0380

## From:

Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

FILED  
05 AUG 10 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 10 AM 8:00

DIVISION OF CORPORATIONS

## BASIC AMENDMENT

## CODE ONE SECURITY INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Amend  
8-10-05  
am

((H050001915183))

Articles of Amendment  
to  
Articles of Incorporation  
of

CODE ONE SECURITY INC.

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

P04000134136

(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) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)****ARTICLE V: DELETE PRESIDENT/DIRECTOR:**ODALYS RODRIGUEZ, 7171 CORAL WAY SUITE 403, MIAMI, FL 33155**ADD NEW PRESIDENT/DIRECTOR:**GABVY RODRIGUEZ, 7171 CORAL WAY SUITE 403, MIAMI, FL 33155**ARTICLE VI: DELETE REGISTERED AGENT:**ODALYS RODRIGUEZ, 7171 CORAL WAY SUITE 403, MIAMI, FL 33155**ADD NEW REGISTERED AGENT:**GABVY RODRIGUEZ, 7171 CORAL WAY SUITE 403, MIAMI, FL 33155

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

((H050001915183))

FILED  
05 AUG 10 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

((H050001915183))

The date of each amendment(s) adoption: AUGUST 10, 2005Effective date if applicable: AUGUST 10, 2005

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ 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):

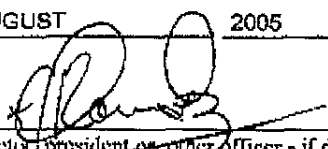
"The number of votes cast for the amendment(s) was/were sufficient for approval by

\_\_\_\_\_  
(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 10TH day of AUGUST 2005

Signature

  
(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)ODALYS RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

FILING FEE: \$35

((H050001915183))

((H050001915183))

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT

Gabry Rodriguez  
7171 Coral Way Suite 403  
Miami, FL 33155

((H050001915183))