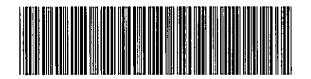
PC5 CCC 058484

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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A. Butler

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ACCOLADE INVES	STIGATIONS & SECURO	OTY, INC.			
DOCUMENT NUME	BER: P05000058484					
The enclosed Articles	of Amendment and fee are sub	mitted for filing.				
Please return all corres	spondence concerning this matte	er to the following:				
	BONNETTA NICASIO					
	Name of Contact Person					
	ACCOLADE INVESTIGATIONS & SECURITY, INC.					
		Firm/ Company				
	PO BOX 25082					
		Address				
	TAMARAC, FL 33320					
		City/ State and Zip Code				
	ACCOLADEINVESTIGATIO	NS@GMAIL.COM				
	E-mail address: (to be use	d for future annual report	notification)			
For further information	n concerning this matter, please	call:				
BONNETTA NICAS	Ю	at (954	600-7946			
Name	of Contact Person	Area Cod	le & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	rtment of State:			
□ \$35 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 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

2021 AUG 23 AH 7: 40

ACCOLADE INVESTIGATIONS & SECURITY, INC

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

P05000058484	as currently filed with the Florida Dept. of State) Y OF STATE
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St as Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	peration:
J/A ·	
ame must be distinguishable and contain the word "corpo Inc.," or Co.," or the designation "Corp," "Inc," o chartered," "professional association," or the abbrevia	The new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 	I office address in Florida, enter the name of the
N1/A	ice address:
Name of New Registered Agent NIA	
	(Florida street address)
New Registered Office Address: N/A	Florida N/A
	(Ciny) (Zip Code)
	•
ew Registered Agent's Signature, if changing Registe	ered Agent
ereby accept the appointment as registered agent. I an	m familiar with and accept the obligations of the position.
N/A	
Signature	re of New Registered Agent, if changing
	с ој нев кедметеа мует, и спапутд
neck if applicable	

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally St	n <u>ith</u>		
Type of Action	Title		Name	<u>Addres</u> s	
(Check One)	VP		VALERIE BAILEY	PO BOX 25082	
1) Change X Add		_		TAMARAC, FL 33320	
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

/A	y necessaryy.	(Be specific)			
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	r v a				
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If an amendment provi	des for an excha	nge, reclassification	on, or cancellation o	of issued shares,	
provisions for impleme	enting the amen	nge, reclassification	on, or cancellation o	of issued shares, nent itself:	
If an amendment provi provisions for impleme (if not applicable, i	enting the amen	inge, reclassification	on, or cancellation or nined in the amendr	of issued shares, nent itself:	
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provisions for implementation (if not applicable, i	enting the amen	ange, reclassificati	on, or cancellation	of issued shares, nent itself:	·

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		AUGUST 16, 2021	
The date of each ame	• •	ption:	, if other than the
late this document wa	s signed. N/A		
Effective date <u>if appl</u>			
		(no more than 90 days after amendme	nt file date)
		ck does not meet the applicable statutory filing rutment of State's records.	requirements, this date will not be listed as the
Adoption of Amendn	nent(s)	(CHECK ONE)	
The amendment(s) action was not requ	_	ed by the incorporators, or board of directors with	nout shareholder action and shareholder
, ,	•	ed by the shareholders. The number of votes cast cient for approval.	for the amendment(s)
	• •	ived by the shareholders through voting groups. It is not noting group entitled to vote separately on the	
"The number	of votes cast fo	r the amendment(s) was/were sufficient for appro	val
by N/A			"
	<u>-</u>	(voting group)	
	AUGUST 16	2021	
Date		2021	
Sign	nature	BUTTHER	
	selected,	ctor, president or other officer – if directors or off by an incorporator – if in the hands of a receiver, I fiduciary by that fiduciary)	
	В	ONNETTA NICASIO	
	_	(Typed or printed name of person signing	ng)
	P	RESIDENT	
	_	(Title of person signing)	