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COVER LETTER

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TO: Amendment Sec Division of Corp						
NAME OF CORPO	RATION: Protective Services	s International Inc.				
DOCUMENT NUM	000000000000					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	James B. Wright					
		Name of Contact Person	n			
	Protective Services International Inc					
Firm/ Company						
	16400 NW 15 ave					
	Address					
	Miami, FL 33169					
	411	City/ State and Zip Code	e			
james	s@wright-worldwide.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
James B. Wright		at (894-0941			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ortment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$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

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation

Protective Services International Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P08000000796 (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: A. If amending name, enter the new name of the corporation: The new 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." 3350 Southwest 148th Ave, Suite #220 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miramar, FL 33027 C. Enter new mailing address, if applicable: 16400 NW 15th Ave (Mailing address MAY BE A POST OFFICE BOX) Miami Gardens, FL 33169 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: S Ursula T. Wright Name of New Registered Agent 16400 NW 15th Ave (Florida street address) , Florida ³³¹⁶⁹ Miami Gardens New Registered Office Address: (Citv) 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

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	James B. Wright	16400 NW 15 Ave
X Add			Miami, FL 33169
Remove			
2) Change	P	Craig Kiley	8997 NW 53rd Court
Add			Sunrise, FL 33351
X Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an exch	lange, reclassification or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, underent if not contained in the amendment itself:
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cif not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an

The date of each amendment(s) a date this document was signed.	doption;	, if other than the
Effective date if applicable:		
meetive date it applicable.	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amenda afficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following start 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 ad action was not required.	opted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	2r
APRIL 9, 1 Dated	2019	
Dateti		
Signature		
selecte	lirector; president or other officer – if directors or officers have not had, by an incorporator if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	
	CRAIG R. KILEY	
	(Typed or printed name of person signing)	
	PRESIDENT, SECRETARY & DIRECTOR	
	(Title of person signing) FIME B WA MESIDENT	E19117