## 908000013052

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Leighton Security Management, Inc.				
DOCUMENT NUMBER: P08000013052				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Stephen G. Leighton				
Name of Contact Person				
Leighton Security Management, Inc.				
Firm/ Company				
Post Office Box 808				
Address				
Stuart, FL 34995				
City/ State and Zip Code				
norma@leightonsecurity.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stephen G. Leighton at (772) 260-3345				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

Leighton Security Mana	gement, Inc.	FILE
(Name of Corporation a	s currently filed with the	e Florida Dept. of State) 12 MAY
P08000013052		Sec. PH 3.
. (Docume	ent Number of Corporation	n (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	'.1006, Florida Statutes, th	n (if known)  ALLAHASS of Soldwing amendment(s
A. If amending name, enter the new n	ame of the corporation:	
NA		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		NA
Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NA
D. If amending the registered agent ar	nd/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	NA	
	(Florida	street address)
New Registered Office Address:	NA	Planida
<u>New Registerea Office Adaress</u> :	(Cit	ty) (Zip Code)
•		
New Registered Agent's Signature, if o		
hereby accept the appointment as regis.	tered agent. I am familia	r with and accept the obligations of the position.
Si	anature of New Registered	d 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 <math>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 Add Remove	v	Norma S. Leighton	242 SE Lonita Street Stuart, FL 34994
2) Change Add Remove	Р	Norma S. Leighton	Post Office Box 808 Stuart, FL 34995
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove	<del></del>		

If amending or adding additional A (attach additional sheets, if necessary,	y). (Be specific)
IA	
If an amandment provides for an av	change, reclassification, or cancellation of issued shares,
provisions for implementing the am  (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
A	
**************************************	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption: 4/20/2012
Effective date <u>if applicable</u> : 4/	20/2012
<u></u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes case	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 shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated April 2	0, 2012
Signature	0, 2012 41h
	irector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted figureiary by that fiduciary)
	Stephen G. Leighton
	(Typed or printed name of person signing)
	Founder/CEO
	(Title of person signing)