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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•		
NAME OF CORPORATION: CYHAWK	SECURITY GRO	OUP, INC.
DOCUMENT NUMBER: P0800005256	 88	
OCCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
FABIAN DODD		
	Name of Contact Person	1
•	Firm/ Company	
100 S PINE ISLA	AND ROAD, SUI	TE 112
	Address	
PLANTATION, F	L 33324	
	City/ State and Zip Cod	e
FDODD@CYHAWK		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
FABIAN DODD	<sub>at (</sub> 954	, 670-4800
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{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 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Articles of Inc. Articles of Inc.		A A A A A A A A A A A A A A A A A A A	13 JAI		•
CYHAWK SECURITY GROUP, INC.	o. porumou	- 853 - 853	£	7	*
(Name of Corporation as currently filed with the F	Jorida Dant of State)	<u> </u>	- 2	ED	
P08000052568	iorida Dept. or State)	SS .			
(Document Number of Corporation (i	f known)		- 7-		Ů
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopt		g amen	dment(s	) to
A. If amending name, enter the new name of the corporation:					
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		– bbrevia		
B. Enter new principal office address, if applicable:	100 S PINE ISLAN	D ROAD			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SUITE 112		•		
	PLANTATION, FL	33324	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 S PINE ISLAN	D ROAD	-		
	SUITE 112		_		
	PLANTATION, FL	33324	_		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name o	f the			
Name of New Registered Agent					
(Florida stre	eet address)				
New Registered Office Address:	, Florida		-		
(City)		(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	: with and accent the obligations of	the position			
Signature of New Registered A		те розшон.			

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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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>		PETER BROWN	PO BOX 400
X Add				ALPINE, NJ 07620
Remove				
2) Change				<del> </del>
Add				
Remove				
3 ) Change	<del></del>	<del></del>		<del> </del>
Add				
Remove				
4) Change				
Add	_			
Add Remove				
Kemove				<del> </del>
5) Change	<u></u>			
Add				
Remove				
6) Change		<del>-</del>		,
Add				·
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)  ARTICLE IV
THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED
TO ISSUE IS 10,000.
10 1000L 10 10,000.
····
F. If an amendment provides for an 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)
N/A
<u> </u>

The date of each amendment(s)	adoption: DECEMBER 1, 2012
Effective date if applicable:	DECEMBER 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated NOV	EMBER 30, 2012
Signature $\rightarrow$	Pehr Bodt
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	FABIAN DODD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)