P08000099548

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15 SEP -4 PM 12: 36

SEP 10 2015 C LEWIS

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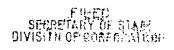
TO: Amendment Section Division of Corporations

	200000	bmitted for filing.	
	MARK EDWARD TOSONI		
		Name of Contact Person	
	HOMETOWN SECURITY I		'
		Firm/ Company	
	2200 SOUTH BRANCH DR		
		Address	
	ARLINGTON, TEXAS 7600		
		City/ State and Zip Code	2
MAI	RKT403@AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	/
AURORA DIAZ-TO	SONI	at (852-0402 /407-404-20 23
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
<u>Ma</u>	iling Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HOMETOWN SECURITY INC.

15 SEP -4 PH 12: 36

P08000099548	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: LEFE SAFETY WIRELESS INC.	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc" or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6925 LAKE ELLENOR DRIVE
	BUILDING1 SUITE 117
	ORLANDO, FLORIDA 32809
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	Iress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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>	Name	Address
1) Change	7		
Add			
Remove		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
2) Change			
Add		/	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific) N/A
-
1 ++
·
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
/
0 / /
——————————————————————————————————————
/

	SEPTEMBER 1, 2015
The date of each amendment(s) ado	
date this document was signed.	SEEPE TARY OF Star
Tice at the second	DIVISION OF ROSERS Comments
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date) 1,5 SEP -4 PH 12: 36
	(no more than 90 days after amenament file date) 1,3 SEP -4 PA 12: 36
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder
action was not required.	
SEPTEMBE	R 1, 2015
Dated	7/17
Signature	
	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointed	d fiduciary by that fiduciary)
N	MARK EDWARD TOSONI
_	(Typed or printed name of person signing)
P	PRESIDENT /CEO
_	(Title of person signing)