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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ACC SEC	URITU MANAGEMENTA	Thuestic ation
NAME OF CORPORATION:	O INTERPORTED IN THE	INC.
DOCUMENT NUMBER: PUBØG	8Ø1Ø9646	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
CARLOS A.	PENATE	
(Name of Co		
(Firm/ C	Omnany)	_
(Chill C	ompany)	
370 WEST 27	2 STREET	
(Add	ress)	<del></del>
HIALEDH, FL. (City/ State a	33010	_
(City/ State a	nd Zip Code)	
For further information concerning this matter, plea	se call:	
CARLOS A. PENATE (Name of Contact Person)	at (786) 260 · 3	B 6 1
Enclosed is a check for the following amount made	payable to the Florida Department	of State:
\$35 Filing Fee \$Certificate of Status	Certified Copy Ce (Additional copy is Ce enclosed) (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

DIVISION OF CORPORATIONS

09 FEB 16 PM 12: 03

## Articles of Amendment to Articles of Incorporation

ACC SECURITY MANAGEMENT	& INVESTIGATIONS, INC.
(Name of Corporation as currently filed with the	<u>te Florida Dept. of State</u> )
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>:</u>
N/A	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp," "Inc," or
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N /
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
Name of New Registered Agent:	N /
New Registered Office Address: (Florid	da street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am position.	gent: Camiliar with and accept the obligations of the
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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
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	ding or adding additional Articles, ento dditional sheets, if necessary). (Be spe		
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	ons for implementing the amendment in our applicable, indicate N/A)	ii not contained in the amendment	<u>nsen:</u>
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	מ	rage 2 of 3	
	r	age 2 01 3	

The date of each amendmen	it(s) adoption:	FEB	10,	2009
Effective date if applicable:	(no more than 90	3 Ø1 j	ZOC	Sq ile date)
	(110 1111111111111111111111111111111111	,	,	,
Adoption of Amendment(s)	(CHF	ECK ONE)		
The amendment(s) was/w by the shareholders was/v	ere adopted by the svere sufficient for ap	shareholders. ' pproval.	The numbe	er of votes cast for the amendment
				oting groups. The following staten parately on the amendment(s):
"The number of votes	s cast for the amend	ment(s) was/w	vere suffici	ent for approval
by	(voting group)			
action was not required.				at shareholder action and sharehold
Dated	FEB 10,	, z969	2	
se	By a director, preside	orator - if in t	he hands o	irectors or officers have not been of a receiver, trustee, or other cour
		Allos	Α.	erson signing)
	(Тур	ped or printed	name of pe	erson signing)
		PRES	JDE	NT
		(Title of per	son signing	g)