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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		FE SECURITY,	INC		
DOCUMENT NUMB	_{ER:} <u>P0900001080</u>	5			
	f Amendment and fee are su				
Please return all corresp	ondence concerning this made	tter to the following:			
	FRANK MORALE	ES			
_		Name of Contact Persor			
;	SLEEP SAFE SECURITY, INC				
-		Firm/ Company			
	10287 OLDE CLYDESDALE CIRCLE				
_		Address			
<u> </u>	LAKE WORTH, FL 33449				
		City/ State and Zip Code	2		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
FRANK MOR	ALES	at (954	、214-8270		
		· · · · · · · · · · · · · · · ·	/ 		
Name of Contact Person Area Code & Daytime Telephone Numb					
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

SLEEP SAFE SECURITY, INC		28TA HOV 17 PM 3: 5 TATE CORRESPONDE STATE TALLARASSEE. FLORIDA
(Name of Corporation as currently file	ed with the Florida Dept. of State)	2814 NOV
P09000010805		CORTAGNET FLORIDA
(Document Number of C	Corporation (if known)	TAILLAM
December 11 Control Control Control	Or a series of the Design of Commenced	(9 .≩.,
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Ptorida Projit Corporati</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	<u>poration:</u>	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	" "Inc," or "Co". A professional co abbreviation "P,A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Z1	
(Mailing duaress MAT BE A POST OFFICE BOX		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		e name of the
Name of New Registered Agent		
	(Florida street address)	-
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent.		ations of the position.
Signature of Ne	w 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>y</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address O coll		
1) Change	VP	MICHAEL J MORALES	10287 OLDE CLYDESDALE		
Add			LAKE WORTH, FL 33449		
Remove					
2) Change			·		
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	or adding adding adding adding and in its interest of the inte	necessary).	(Be specific)			
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	lment provide.	s for an excha	ange, reclassifi	cation, or cane	ellation of issued	i snares,
<u>f an amend</u>	ior impiement	ting the amen	<u>iament ii not c</u>	<u>ontained in the</u>	amenament itse	<u>:11:</u>
provisions	appnicapie, ma	ncaie MA)				
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The date of each amendment(s) a date this document was signed.	doption: 11/12/2014	, if other than th
Effective date if applicable:		
	(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 so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated_11/12/2	2014	
Signature	Frud Wanle	
	director, president of other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	FRANK MORALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	