# P09000091362

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Amend & M/c

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Ocean Star Security Incorporated		
DOCUMENT NU	MBER:	P09000091362		
The enclosed Article	les of Amendment and fee	e are submitted for filing.		
Please return all con	rrespondence concerning	this matter to the following:		
<u>-</u>	Alta	Jessica Chavez		
		Name of Contact Person		
Ocean Star Security Inc Firm/ Company				
		Address		
Miami, FL 33143				
		City/ State and Zip Code		
	police.ser E-mail address: (to be u	vices.unltd@gmail.com used for future annual report notification)		
For further informa	tion concerning this matte	er, please call:		
	essica Chavez	at ( 305 .) 608-5099		
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		□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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 Articles of Incorporation**

ALL CONTRACTOR STATE

#### Ocean Star Security Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P09000091362

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

Police Services Unlimited Inc.			
	ord "corporation," "company," or "incorporated" or nation "Corp," "Inc," or "Co". A professional corpor nal association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADL</u>	Miami, FL 33143		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>PO BOX 942471</u>		
	Miami, FL 33194-2471		
Name of New Registered Agent:			
new registered agent and/or the new registered	(Florida street address)		
Name of New Registered Agent:	office address:		

## 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>	Address	Type of Action
			☐ Add☐ Remove
	ng or adding additional Articles, enditional sheets, if necessary). (Be sp		
		<del></del>	
provisio	endment provides for an exchange, and some for implementing the amendment to applicable, indicate N/A)	reclassification, or cancellation if not contained in the amend	on of issued shares, dment itself:

The date of each amendmen	t(s) adoption: November 6, 2009
Effective date if applicable:	November 6, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_11-( Signature_	May
(By	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Jessica Chavez
	(Typed or printed name of person signing)
	President
	(Title of person signing)