# PIODODOTUDO

	(Requestor's Name)
	(Address)
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<del></del>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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## FILING CANCELLED RETURNED CHECK

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: U.S. Publi	ic Safety En	forcement Inc.
DOCUMENT NUMB	er: <u>P100000 760</u> °	0 /	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the followin	LING CANCELLED
	Han	F~	ETURNED CHECK
-		Name of Contact Perso	on.
-	U.S. Pub	lic Safety E	nforcement
-	755 NW 3	Std Tellace	Florida City, Fl 33634
-	Florida	city, Fl 330	34 de
<del></del>	USPS Fine G G G G Bedis	Mails Com ed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
Heniy Name o	Dixon Contact Person	at ( <u>3 b 5</u> Area Ce	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made [	payable to the Florida Dep	artment 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)
	ing Address		Address dment Section
Amendment Section Division of Corporations			on of Corporations
P.O. Box 6327		Clifton	n Building

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment

### Articles of Incorporation of

U.S. Public Sq.	fety Enforcement Inc.
(Name of Corporation a	as currently filed with the Florida Dept. of State)
PICODO	0 /6090
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statis Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	ESS) -
	FILING CANCELLED
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RETURNED CHECK
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	95 <b>5</b> D
<del> </del>	(Florida street address)
New Registered Office Address;	, Florida
	(Cay) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. Lan	
Signatur	re 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO \sim Chief Executive Officer; CFO \sim Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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.

X Change	PT	John Doe	FILING CANCELLED	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith	RETURNED	CHECK
Type of Action (Check One)	Title	Name		<u>violite</u> s
1) Change	Nb	Dix	cn, Shantralia	755 NW 3rd Terrado
_				71.171
<del>`</del> ,				
2) _				r & Tellace
Add				Florida City, Fl
Remove				33034
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				<del>-</del>
Remove				
6) Change		<del>.</del>		
Add				
Remove				

amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	
	<del></del>
	<del></del>
	FILING CANCELLED
	RETURNED CHECK
_ <del>-</del>	
an amendment provides for an exchange, reclassification or implementing the amendment if not contains.	
(if not applicable, indicate N/A)	
_	

The date of each amendment(s) adoption:date this document was signed.	July 26, 2017	, if other than the
Effective date <u>if applicable</u> :	July 26, 2017 no more than 90 days after amendment file	· date)
<b>Note:</b> If the date inserted in this block does not n document's effective date on the Department of State		ements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the	ne amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro		
"The number of votes cast for the amendm	(	FILING CANCELLEI
by	blow degroup)	RETURNED CHECK
☐ The amendment(s) was/were adopted by the boa action was not required.	rd of directors without shareholder action	and sl
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and	sha
Dated 7 26/17		
	ntor other officer – if directors or officers orator – if in the hands of a receiver, truster that fiduciary)	
Тур	Henry Dixon ped or printed name of person signing)	
	(EO (Title of person signing)	