## P11000034857

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NEXXTWORKS SECURITY, INC. DOCUMENT NUMBER: \_P11000034857 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NIKKI WILLS** Name of Contact Person NEXXTWORKS SECURITY, INC. Firm/ Company 30798 US HIGHWAY 19 N Address PALM HARBOR, FL 34684 City/ State and Zip Code NIKKI@NEXXTWORKS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **NIKKI WILLS** at (727) 725-0400

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## NEXXTWORKS SECURITY, INC

(Name of Corporation as currently filed with the Fl	orida Dept. of State)
-P11000034857	ALCA TO THE PARTY OF THE PARTY
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	known)  Florida Profit Corporation adopts the following and endment(s) to
A. If amending name, enter the new name of the corporation:	The new S
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered As	gent, 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> J	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add Remove	VP	RENE BRASHOLT	2021 SCOTLAND DR. CLEARWATER, FL 33763
2) Change Add Remove	<u>VP</u>	BENOIT CHONIERE	1600 MISTY PLATEAU TRAIL CLEARWATER, FL 33765
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

CORRECT LAST NAME OF EXISTING VP FROM CAMILLBRI TO  CAMILLERI  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:
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:
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provisions for implementing the amendment if not contained in the amendment itself:
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: DECEMBER 21,2011		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
, DECE	1BER 22, 2011	
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 diffiduciary by that fiduciary)	
арропис	a nadelary by that nadelary)	
	NIKKI WILLS	
-	(Typed or printed name of person signing)	
	SECRETARY/TREASURER	
<del>-</del>	(Title of person signing)	