

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
 Account Number : I20020000140
 Phone : (561)844-3600
 Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LOCKSTAR SECURITY SOLUTIONS INC.

Certificate of Status	0
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S. YOUNG

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12-01-17 10:25am From-

T-316 P.02/07 F-085



December 1, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LOCKSTAR SECURITY SOLUTIONS INC.
403 SW FEDERAL HIGHWAY
STUART, FL 3499408

SUBJECT: LOCKSTAR SECURITY SOLUTIONS INC.
REF: F11000074256

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: E17000313915
Letter Number: 617A00024227

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOCKSTAR SECURITY SOLUTIONS, INC.

DOCUMENT NUMBER: P11000074256

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER R. RAY, ESQ.

Name of Contact Person

COHEN NORRIS ET AL.

Firm/ Company

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/ State and Zip Code

LR@FCOHENLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER R. RAY

at (561) 844-3600

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 &
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

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Articles of Amendment
to
Articles of Incorporation
of

LOCKSTAR SECURITY SOLUTIONS, INC.

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

P11000074256

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

403 SW FEDERAL HIGHWAY

STUART, FL 34994

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

403 SW FEDERAL HIGHWAY

STUART, FL 34994

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent PETER R. RAY, ESQ.712 U.S. HIGHWAY ONE, SUITE 400

(Florida street address)

New Registered Office Address: NORTH PALM BEACH Florida 33408

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>VP</u>	<u>KENNETH A. STONESIFER</u>	<u>4381 SW DUNDEE CT</u>
<u>Add</u>			<u>PALM CITY, FL 34990</u>
<u>X</u> Remove			
2) <u>Change</u>	<u>VP</u>	<u>PAUL DAVID WINTERS</u>	<u>184 SW PAAR DR</u>
<u>X</u> Add			<u>PORT ST. LUCIE, FL 34353</u>
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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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:
(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/18/17

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MICHAEL GOSSETT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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