## P11000109384

(Re	equestor's Name)	
(Ad	ldress)	•
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100248492741

ale B. Done Clare

06/04/13--01032--011 \*\*52.50



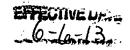
6/1/13

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Travel Intal	k Inc.		
DOCUMENT NUMB	<del>-</del>	——————————————————————————————————————		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
i	Mathieu Laplante			
_		Name of Contact Person		
•	Travel Intak Inc.	· · · · · · · · · · · · · · · · · · ·		
<del>-</del>		Firm/ Company		
•	4901 NW 17th W	ay Suite 401		
<del>-</del>		Address		
	Fort Lauderdale,	FL, 33309		
_		City/ State and Zip Code		
mla	plante@securiglo	she com		
		sed for future annual report	notification)	
	(		······································	
For further information	concerning this matter, pleas	se call:		
Mathieu Lapla	ante	at (954	830-0851	
Name of Contact Person		at (954 ) 830-0851  Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301



## **Articles of Amendment** to Articles of Incorporation

FILED

2818 JUN -4 PM 3:21 of Travel Intak Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (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: Securialobe USA Inc. 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) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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

## 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 Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add	-					
Remove						
<del>-</del>						
5) Change	<del></del>	_		<del></del>		
Add						
Remove						
6) Change						
Add						
Remove						

					<u></u>
	···-				
<del></del>	<del></del>	<del></del>	<del> </del>		
	· · · · <u>-</u>				
		<del> </del>			. <del>-</del>
<del></del>	· · · · · ·	<del></del> · -			
an amendment provi	des for an excha	nge, reclassifica	tion, or cancellati	ion of issued sha	res.
rovisions for impleme	enting the amend	dment if not cor	tained in the ame	ndment itself:	<del>_</del>
(if not applicable, i	ndicate N/A)				
	·				

The date of each amendment(s) a	doption: May 15 2013
Effective date if applicable: Ju	ine 6 2013
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add 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):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated June	3rd 2013
Dated	
Signature	Maler.
(By a c	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)
	Mathieu Laplante
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)