P12000030087

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Secure	Home USA INC.
document number: <u>P\20003</u>	0037
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Jahed H	Name of Contact Person
	me USA INC.
	Firm/ Company
17971 Bis	Address Suite # 230
Aventura, F	C. 33160
5, Movia 550	City/ State and Zip Code
Andre (
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Sahed Morla	at (786) 556-0462
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 \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to

Articles of Incorporation

Sewre Home USA INC.		_
(Name of Corporation as currently filed with the F	lorida Dept. of State)	•
P12000030037	·	
(Document Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
A/u		The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	'Co". A professional corporation name must	_ bbreviation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	μĺΑ	DIVISION OF CORPO
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		HR. 19
Name of New Registered Agent Sahed	Joyla	
17971 Biscayne (Florida str	eet address)	
New Registered Office Address: Ayentosa (City)	, Florida 33160 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v Signature of New Registered I	with and accept the obligations of the position.	•



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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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u> P</u>	Christopher Martinez	17971 Biscayne Blud Aventura Fl 33110
2) Change Add Remove	P	George Remy	5762 NW Cleburn Drive Port St. Lucie, FL 34486
3) Change Add Remove	~		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<u> </u>	

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ch additional s	ding additional Art heets, if necessary).	(Be specific)			****
					
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amendment i	orovides for an excl	hange, reclassifica	tion, or cancellat	ion of issued sha	res,
visions for im	plementing the ame	endment if not con	tained in the am	endment itself:	
(4) 1101 344 1104					
		,,, <u>e</u> <u></u>			
<u> </u>					
	101	A			
	101	/17			
		C			

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The date of each amendment(s) ad	loption: 4-18-2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient 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	for the amendment(s) was/were sufficient for approval
by school	Movla
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	4-14-2012
Signature	1 all
	rector, president or other officer – if directors or officers have not been A by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	Sahad Movla
•	(Typed or printed name of person signing)
	Ceo
	(Title of person signing)