P12000035095

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CENTURION	ARMORING INTE	ERNATIONAL, INC.
DOCUMENT NUMBER: P1200003509	5	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	-	
rease fetting an correspondence concerning has ma	ner to the following.	
TIM A. HAMED, (CPA	
	Name of Contact Person	1
TIM A. HAMED, 6		
45040 AMBERLA	Firm/ Company	
15310 AMBERLY		
TAMDA EL 2264	Address	
TAMPA, FL 3364	City/ State and Zip Code	
	•	
timhamed@yahoo.co		
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
TIM A. HAMED, CPA	at (813	, 514-2905
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:
\$35 Filing Fee \$\times \text{S43.75 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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment **Articles of Incorporation**

CENTURION ARMORING INTERNATIONAL, INC.

P12000035095

/ A	rticles of Amendment
As	to ticles of Incorporation
CENTURION ARMORING INTER	NATIONAL, INC.
(Name of Corporation as currently file	with the Florida Dept. of State)
P12000035095	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	oration: The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:
hereby accept the appointment as registered agent. I a	m 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)

2

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						
	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s		
1) Change	VP	LENA J	AMMAL	3911 W EDE	N ROC CIR	
Add				TAMPA, FL 3	33634	
Remove						
2) Change		···				
Add					·	
Remove						
3) Change						
Add						
Remove				100 To 10		
4) Change						
Add				·····		
Remove						
5) Change						
Add		-				
Remove						
6) Change			., ., .			
Add						
Remove						

Attach additional sheets, if necessary). (Be specific)	
A	
	
	
	
	
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)	
N/A	
	
	
	····

date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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.	
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)	
MAROUN AZZI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	