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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	TION: AVI	Security.	INC.	
DOCUMENT NUMBER	a: P1201	000 62 53	34	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	,	
Please return all correspon	ndence concerning this ma	tter to the following:		
	Derrick AVI Se 11130 Cooper City	Name of Contact Person  CVO 1+4	C. J. Pl 3026	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	e call:		
Deplick	DoSS Contact Person	at (954) Area Co	501 - 6423 de & 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)	
Mailine	o Address	Street	Address	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of It	<u> </u>
AUT Son.	1 C
(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 its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1/130 Springfield Pl Cooper City, Fl 33026
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11/30 Springfield Pl Cooper City, Fl 33026
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: (Cit	, Florida Zip Code)
	20
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New Registered	1 Agent, if changing

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 <math>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:	re, unu nu	of Smith, the do the Mila.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
t) Change	V.F	? Clint Bridges	195/ SW 112 AVE DAVIE F1 3332
Add Remove		·	DAVIE + 3332
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			····
Remove			4-
5) Change	<del></del>		
Add			
Remove			
6) Change	<del> </del>		
Add			
Remove			

•	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:
Effective date if applicable: 5/15/13
(no vnore 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.
Dated 5/15/13
Signature Charles and the Charles of
(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)
Clint M. Bridges VP.
(Typed or printed name of person signing)
- V.P
(Title of person signing)