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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations Birds Eye Security Sunny Isles Inc. NAME OF CORPORATION: P1300002367 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juhani Defazio Birds Eye Security Sunny Isles Inc. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

Arti	cles of Amendme	nt	FILED	
Artic	to les of Incorporati of	on 13	APR -1 PH 3	l: 1,4
Birds Eye Securi (Name of Corporation as currently filed w	ty Sun	ny State	ESTAINC STA	LTE Wina
P1300002362 (Document Number of Corp	oration (if known)		, 23.	-
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this <i>Florida I</i>	Profit Corporatio	n adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation of the corp	ation: Sunny	Is les	Inc-	_The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ic," or "Co". A	professional cor	poration name must	contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u></u>	_ <i>N/H</i>		<del>.</del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A	NJA		-
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent		orida, enter the	name of the	-
	Torida street addres	s)	_	
New Registered Office Address:		, Flor	rida	
Ten negionerou Office Mauress.	(City)	, 1 101	(Zip Code)	-
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent. I am j	tamiliar with and i	accept the obliga	tions of the position.	
Signature of New Reg	gistered Agent, if c	hanging		

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	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove				
3 ) Change				
Add		_		
Remove				
4) Change				
Add		<del></del>		
Add Remove				
Kemove				
5) Change		_		<del></del>
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or a (Attach additiona	adding additional Articles, enter ch l sheets, if necessary); (Be specific	nange(s) here:	
(	41/4	,	
			<del></del>
<del>, , ,</del>		<del></del> .	
		<u>-</u>	
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provisions for i	t provides for an exchange, reclass mplementing the amendment if no	incation, or cancellation of E t contained in the amendmen	ssued shares, t itself:
(if not appli	cable, indicate N/A)		
	N/A		
	1		

The date of each amendment(s) adoption: 03/27/2013
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
☐ 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 $\frac{03/27/2013}{}$
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)
Tuhani - C. De Fazio  (Typed or printed name of person signing)
Proside of prince name of person signing)
(Title of person signing)