P13000024583

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And

JUN 24 2013

R. WHITE

3 JUN 19 AH IO: BERRELARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corpora				
NAME OF CORPORA DOCUMENT NUMBE	ATION: OS SUR	ity Capital 24583	DUC.	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	Olforso 5 Olssurity 4801 Lint Delvay Be Surity Cap E-mail address: (to be as	Name of Contact Person	33445 Suite 11A - 42	3
For further information	concerning this matter, pleas	se call:		
alfousos	Contact Person	at (561) 667-3915 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ng Address		Address ment Section	

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		FILED	•
•	to	10		
	Articles of Incorporation of	13	JUN 19 AM	In: 4.5
assurity Capital IN	01	SECR	ETARY OF S	LATE:
(Name of Corporation as currentl	y filed with the Florida Dept. of S	State)	" MOSECHIE	erad∧
P13000024583		•	·	•
(Document Number	of Corporation (if known)	• •		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida Profit C</i>	orporation ad	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:			
1/A	· -			T !
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contains and the word "chartered," "professional association," or the contains a second contains a	orp," "Inc," or "Co". A profess.			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: DDRESS) 4801 Delpo	44 Bec 145 S	ou 15LU ach Fla suite 11A	- - D
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	1801) Delega 3344	INTON Beach Suite	BLUD Fla 91A - 4:	- - 25
				_
D. If amending the registered agent and/or regi- new registered agent and/or the new register		enter the nam	e of the	
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 l	Registered Agent:			
I hereby accept the appointment as registered ager		the obligations	s of the vosition.	

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> <u>J</u>	ohn Doe		
X Remove	<u>v</u> <u>n</u>	Mike Jones		
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change		<i>N A</i>		
Add		/		
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			 	
Add				
Remove				

E. <u>If amendin</u> (Attach <i>addi</i>	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
	1//	
	/ / / / /	
		•
	No. 1	
	TO	
		
. If an amen	ndment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions	ns for implementing the amendment if not contained in the amendment itself:	
(if not	ot applicable, indicate(N/A)	
	///~	
	1	

The date of each amendment(s) adoption: 6-13-13
Effective date if applicable: 6-14-13
(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"
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 Allow 5 - Palluling
(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) Other So 5. Palladino
(Typed or printed name of person signing)
PRes / Secy.
(Title of person signing)