P13000081475

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations STRIOT ALDEM SERVICES NAME OF CORPORATION: P13000081475 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WHIZELER Name of Contact Person 245 Paulson Dr Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 979 - 6333

Area Code & Daytime Telephone Number JODD WHEELER Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PATTE OF ALARM SERV	ICES INC.
	filed with the Florida Dept. of State)
P13000081475	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE # 127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PORT CHAROTTE, FI. 33954 N/A
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent TODD L	ULISSIER
New Registered Office Address: BRT CUAR	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	0C1 26 A
Signature of New Re	gistered 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	0	ANDREA GARRISON	3747 FRESUO RO
Add			NORTH PORT, F1. 34288
Remove			
2) Change	D	ALAN GARRISON	3742 FRESHO RD
Add			MOETLI PORT, Fl. 34288
Remove 3) Change	D	JONATHAN BROCK	101 WARRINGTON BIND.
≭ _Add			PORT CUARLOTTE FI 33954
Remove			
4) X Change	Ρ	TODO WHEELER	18245 PAUSON DRINZ
Add			SUITE # 127
Remove			PORT CLIMPLOTTE, Fl. 33954
5) Change	D	ESMERALDA WHEELER	18245 PAULTON DRIVE
X _ Add			SVITE #127
Remove		·	PORT CHARLOTTE, FC 33954
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	N/A	
-		
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(ij noi appiicame, maicale 147A)	1.	
	N/A	
	,	
		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date velocument's effective date on the Department of State's records.	vill not be listed as the
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)	
(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	
Signature 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)	
TOOD WHETER (Typed or printed name of person signing)	
PRESIDENT	·

(Title of person signing)