P13000082378

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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DENSON PROTECTIVE SERVICES, CORP DOCUMENT NUMBER: P13000082378 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JESSICA GERVAIS Name of Contact Person DENSON PROTECTIVE SERVICES, CORP Firm/ Company 20451 NW 2ND AVE SUITE 208 Address MIAMI, FL 33169 City/ State and Zip Code INFO@DENSONPROTECTIVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 Area Code & Daytime Telephone Number JESSICA GERVAIS 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DENSON PROTECTIVE SERVICES, CORP

Name	Corporation as currently	filed with the Florida Dept. of State	
P13000082378	n Corporation as currently	theu with the Fun lua Dept. or state	: <i>/</i>
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this <i>F</i>	Torida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corporation nam	r the abbreviation ne must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new registere	OFFICE BOX) od/or registered office addre	ess in Florida, enter the name of the	2017 110V -2 PH 2: 11
Name of New Registered Agent			<u> ပြုက</u> မာ
	20451 NW 2ND AVE SUIT		
	(Florida stree		FL 33169
New Registered Office Address:		, Florida City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment ps regist	crectagent tam familiar w	ith and accept the obligations of the p	osition.

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 Joh	nn Doe					
X Remove	nove <u>V</u> <u>Mike Jones</u>						
X Add	<u>SV</u> <u>Sal</u>	SV Sally Smith					
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s				
1) Change	P	JEAN D. SANON	20451 NW 2ND AVENUE				
Add			SUITE 208				
X Remove			MIAMI, FL 33169				
2) Change	P	JESSICA GERVAIS	20451 NW 2ND AVE SUITE 208				
X Add			MIAMI, FL 33169				
Remove			America 4				
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

miach <i>ac</i>	ditional sheets, if necessary). (Be specifi	2)		
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<u>t an am</u> provisio	endment provides for an exchange, reclasions for implementing the amendment if no	<u>sitication, or cancel</u> at contained in the a	mendment itself:	
(if r	not applicable, indicate N/A)			
			 	
	4.414			
		·		

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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 11/1/ 2017
Simmon
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)