P14000014265

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SECRETARY OF STATE
ALLAHASSEE, FLORIDI

FEB 14 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: ASPC SECURITY SERVICES INC DOCUMENT NUMBER: P14000014265 The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SOPHIA LAUTURE				
Name of Contact Person				
ASPC SECURITY SERVICES INC				
Firm/ Company				
12995 CLEVELAND AVENUE SUITE 59				
Address				
FORT MYERS FL, 33907				
City/ State and Zip Code				
SOPHIALAUTURE260@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SOPHIA LAUTURE at (305) 834-2300 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ASPC	SECI	IRITY	SERV	ICES	INC
MOLC	SEC	<i>3</i> 13111	SEIV	レレン	III

ASPC SECURITY SERVICES INC	
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P14000014265	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "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:	12995 S CLEVELAND AVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 59
	FORT MYERS FL, 33907
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2995 S CLEVELAND AVENUE
	SUITE 59
	FORT MYERS FL, 33907
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	. Florida
(City	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position in
Simplify of Nav. Pagistaged	Agent, if changing
Signature of New Registered	Agent, ty changing PH 4: 19 E. FLORIDA

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PIERROT VILBRUN	2410 CRAWFORD AVE NO
Add			LEHIGH ACRES FL
Remove			33971
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

The date of each amendment(s) ad	option; 0 2 1 1 8 12 0 14	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
Qhe amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
Drhe amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)	
Une amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
[{Jrhe amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 02/18/2 Signature S O	o14 Hit hautola	
(By a c selecte	lirector, president or other officer — if directors or officers have not been ad, by an incorporator-if in the hands of a receiver, trustee, or other court atted fiduciary by that fiduciary)	
	SOPHIA LAUTURE	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	

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SECRETARY OF STATE
ANALYSES FOR DRINA