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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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APR 11 2016

R. White

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:	GRISWOL	o Home	WATCH	Security	Senvian	, INC.
DOCUMENT NUMBER:	P140	300639	7279			
The enclosed Articles of Amen						
Please return all correspondence	e concerning this matte	er to the following:				
·		Herbert J. Buc 5405 Janger R Maples, Florida	osai	239	<u>57</u> 4-424	4
		Firm/ Compa				
		Address			<u></u>	
<u>5'a,</u> E-n	ndic @ ho7) nail address: (to be use	City/ State and Zina; C. com d for future annual	•	on)		
For further information concern	- /					
X Kaclomiv Name of Contac	Sundi [*] C pt Person	at (<u>23</u>	rea Code & Day	398-3456 time Telephone Nu	mber	
Enclosed is a check for the foll	owing amount made pa	ayable to the Florid	a Department of	State:		
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status ified Copy litional Copy nclosed)		
Mailing Add			Street Address Amendment Sec	tion		

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

FILED

Articles of Amendment

to

Articles of Incorporation

16 APR -4 AM 11: 05

Gais WOLD (Name of Corporation as currently filed with the Florida Dept. of State) 0000 39279 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: HOME SERVICES name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Elorida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. / I am familiar with and accept the obligations of the position.

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			/
2) Change	·		/
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	. (Be specific)
	
	
amendment provides for an exc	change, reclassification, or cancellation of issued shares,
visions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(ly not applicable, maicule WA)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 3/3//6	
(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 wi document's effective date on the Department of State's records.	ll 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_ 3-31-206	
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)	
RADONIR Gundic (Typed or printed name of person signing)	
Presiden7	
(Title of person signing)	