## P140000111210

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AMUND, 20.14

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Titon Protection Systems Inc.  DOCUMENT NUMBER: P140000 710210
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maudeline Dunham  Name of Contact Person  Tiden Protection System Inc.  Firm/ Company  9341 NN 2016 Star Place  Address  Sunrise Floring 33322  City/ State and Zip Code
Titun protection Systems @ Comail: (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Mardeline Dunham  at (954) 136-2582
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Titan Rotection Sistems	The		
(Name of Corporation as current)	y filed with the Florida Dept.	of State)	<del></del>
P140000 76210			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Florida Proj</i>	fit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A pro		
B. Enter new principal office address, if applica		<del></del> .	•v
(Principal office address <u>MUST BE A STREET A</u>	DDRESS )		- 1 Sec.
			90 80
			FILE OF ST
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		9 000
			- ST
	·		
D. If amending the registered agent and/or registered agent and/or the new registered.		da, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ept the obligations of the position	o <b>n</b> .
Signature of	New Registered Agent, if char	nging	

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:	ove, and Sally Sh	niin, SV as an Add.	
X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	Ily Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP_	Joseph Dunham	9341 NW 20th PL
Add Remove			Sunrise FL 33322
2) Change		<del> </del>	<u></u>
Add Remove			
3) Change			
Remove			
4) Change			, 
Remove			
5) Change	···-		
Add Remove			
6) Change			
Add		7 ×	
Remove			

	(Be specific)
f an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

Effective date <u>if applicable</u> :		
CORPORALS*	(no more than 90 da	ys after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf		nber of votes cast for the amendment(s)
The amendment(s) was/were appr must be separately provided for e		voting groups. The following statement separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were su	fficient for approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
`action was not required.		nout shareholder action and shareholder shareholder action and shareholder
selected,	ector, president or other officer – by an incorporator – if in the hard fiduciary by that fiduciary)	if directors or officers have not been ads of a receiver, trustee, or other court
<u> </u>	Laudeline	
_	(Typed or printe	d name of person signing)
7	Resident	
_	(Title of	f person signing)

if other than the