

P15000006206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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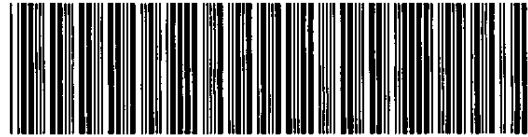
(Business Entity Name)

(Document Number)

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15 JUN -1 AM 7:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 10 2015  
T. LEVINE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SENTINEL SECURITY SYSTEMS INC

DOCUMENT NUMBER: P15000006206

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Imran Kamadia

Name of Contact Person

Sentinel Security Systems

Firm/ Company

6702 Benjamin Rd, Suite 600

Address

Tampa, FL 33634

City/ State and Zip Code

ron@westcoastcomp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imran Kamadia

at ( 813 ) 935-3333

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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

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

SENTINEL SECURITY SYSTEMS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

PI5000006206

(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:**

*The new*

*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 )**

6702 Benjamin Rd

Suite 600

Tampa, Fl. 33634

**C. Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX )**

6702 Benjamin Rd

Suite 600

Tampa, Fl. 33634

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

Name of New Registered Agent

Imran Kamadia

4214 Harbor Lake Dr

(Florida street address)

New Registered Office Address:

Lutz

Florida 33558

(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

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TAMPA

**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 Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                        | Address                         |
|-----------------------------------------------|------------|-----------------------------|---------------------------------|
| 1) <input type="checkbox"/> Change            | <u>T</u>   | <u>Imran Kamadia</u>        | <u>4214 Harbor Lake Dr</u>      |
| <input checked="" type="checkbox"/> Add       |            |                             | <u>Lutz Fl. 33558</u>           |
| <input type="checkbox"/> Remove               |            |                             |                                 |
| 2) <input type="checkbox"/> Change            | <u>P/S</u> | <u>Thomas Ryan Reinhart</u> | <u>1242 Rolling Stone Dr.</u>   |
| <input checked="" type="checkbox"/> Add       |            |                             | <u>Odessa Fl. 33556</u>         |
| <input type="checkbox"/> Remove               |            |                             |                                 |
| 3) <input type="checkbox"/> Change            | <u>VP</u>  | <u>Pasquale DiPofi</u>      | <u>4905 34th Street South</u>   |
| <input checked="" type="checkbox"/> Add       |            |                             | <u>#250</u>                     |
| <input type="checkbox"/> Remove               |            |                             | <u>St. Petersburg Fl. 33711</u> |
| 4) <input checked="" type="checkbox"/> Change | <u>VP</u>  | <u>William E. Henry</u>     | <u>8297 CHAMPIONS GATE BLVD</u> |
| <input type="checkbox"/> Add                  |            |                             | <u>#260</u>                     |
| <input type="checkbox"/> Remove               |            |                             | <u>CHAMPIONS GATE, FL 33896</u> |
| 5) <input type="checkbox"/> Change            |            |                             |                                 |
| <input type="checkbox"/> Add                  |            |                             |                                 |
| <input type="checkbox"/> Remove               |            |                             |                                 |
| 6) <input type="checkbox"/> Change            |            |                             |                                 |
| <input type="checkbox"/> Add                  |            |                             |                                 |
| <input type="checkbox"/> Remove               |            |                             |                                 |

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

[illegible]

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 05/28/2015  
(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 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)

- ☐ 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 05/28/2015

Signature Thomas Ryan Reinhart  
(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)

Thomas Ryan Reinhart

\_\_\_\_\_  
(Typed or printed name of person signing)

P/S

\_\_\_\_\_  
(Title of person signing)