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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corpor	ations				
NAME OF CORPORADOCUMENT NUMBI	173	EXECUTEVE 10272	SECURITY	Agency.	DVC
The englaced Anticles of	6 Amoundment and for any a	density of Can filing			
The enclosed Articles of	f.Amendment and fee are su	iomitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
Fe	12841 S	Name of Contact Pers CUIFUE SEC Firm/ Company Address ON Floral City/ State and Zip Company Mail. Company Seed for future annual repo	neet A 330		0
For further information	concerning this matter, pleas	se call:			
HENEY Name of	Contact Person				
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:		
□ \$35 Filing Fee	₩\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing F Certificate of S Certified Copy (Additional Copies enclosed)	tatus	
Amen Divis	ng Address Idment Section Ion of Corporations Box 6327	Amer Divis	et Address indment Section sion of Corporations on Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

HONENA EXECUTEU	E SECURITY AGENCY	INC
(Name of Corporation as of	currently filed with the Florids Dept. of State)	
7150000 to 27	2	
	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. word "chartered," "professional association," or the abbrevable. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	c." or "Co". A professional corporation name viation "P.A."	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the	2015 JUL 27 PH 3: 5
new registered agent and/or the new registered office		
Name of New Registered Agent		
(F)	lorida street address)	
New Registered Office Address:	, Florida	Water the same and
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		ition.

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	UP REBECCA DIXON	12841 SW 252 STREET PRINCETON, FC. 33032
Add		HRINCELON, FL. 33032
Kemove		
2) Change	T MARY CLARK	12841 SW 252 ShRET PRINCETON, A 33032
Add		MINCETON, H 33032
Remove		
3) Change		
Add		490-
Remove		
4) Change		
Add		
Remove		
5. Class		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)			
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	.			
f an amendment provides for an exprovisions for implementing the am (if not applicable, indicate N/A)	hange, reclassificati endment if not cont	ion, or cancellation ained in the amendi	of issued shares, nent itself:	

The date of each amendment(s) adoption:date this document was signed.	6-30-2013	, if other than the
_	30 - 20/5 nore than 90 days after amendment file date)	
(no n	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's		is date will not be listed as the
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		nent(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by	,"	
(voting gro	оцр)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and shareh	holder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareholde	er
Dated	- 2015 Dufan	
Signature	my Dufair	
	r other officer – if directors or officers have not bor – if in the hands of a receiver, trustee, or other	
appointed fiduciary by tha		Court
	,	
	or printed name of person signing)	
(Typed	or printed name of person signing)	
Ci	Eo	
·	(Title of person signing)	