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COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corpor	ations		_	
NAME OF CORPORA		an Jewr	ity Consultar	nts Inc
DOCUMENT NUMBE	ER: Ψ	1.20000 40	1914	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
_	L.	A.F INII	liam son	
_	Qualdi	Name of Contact Person	ty Consultant	of Inc.
_	ال ال	HIS JW 1	42 gre	
_	X	ATG F1.	33186.	
		City/ State and Zip Cod	c	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
L.A.T	=. Williamso		<u>, 257-8533</u>	<u>}.</u>
Name of	Contact Person	Area Co	de & Daytime Telephone Number	•
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Maili</u>	ng Address	Street	Address	

Amendment Section
Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle **Articles of Amendment**

At Deles of Amendment
to Articles of Incorporation
Quardian Security Consultants Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
D15000044576.
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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) Uite# 286
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite # 286
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 138 8 SW 152 St (eet # 286). (Florida street address)
New Registered Office Address: Milani , Florida 33177. (City) , Florida (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:	una san	y billing of all with twee
X Change	<u>PT</u>	John Doe
X Remove	$\underline{\mathbf{V}}$	Mike Jones
<u>X</u> Add	<u>sv</u>	Sally Smith
Type of Action (Check One) 1) Change Add Remove	Title	Name L. A. F. Williamson 13818 SW 152 Street #286 Miami, Fl. 33177.
2) Change Add		
Remove 3) Change Add		
Remove 4) Change Add	. <u>. </u>	
Remove 5) Change		
Add Remove		
6) Change Add Remove		<u> </u>

Attach additional sheets, if necessary).	(Be specific)
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
A. J. A. B.	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 wil document's effective date on the Department of State's records.	l 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.	2
☐ 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):	5 HOV 23 AM 11: 25
"The number of votes cast for the amendment(s) was/were sufficient for approval	73
by"	F
(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.	. 25
Dated	
(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)	_
L.A.F. Williamson.	
(Typed or printed name of person signing)	
(Title of person signing)	