## P15000053809

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(Ad	ldress)		
(Ac	ddress)		
(Cir	ty/State/Zip/Phone	· #)	
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SECRETARY OF STATE
ONTSTON OF GORPOWATIONS

MAY 1 1 2016

C LEWIS

## COVER LETTER

TO: Amendment Section

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Division of Con	porations				
NAME OF CORPO	RATION:	ADC SURET	Y, INC.		
DOCUMENT NUMBER:		P1500005380	9		
The enclosed Articles	s of Amendn	nent and fee are	submitted for filing.		
Please return all corre	espondence o	concerning this n	natter to the following:		
	RACHEL	KWEE			
			Name of Contact Perso	n	
- 	STERN BA	AIL BONDS			
		1	Firm/ Company		
	515 SE 1S	T AVENUE			
			Address	•	
	FORT LA	UDERDALE, FI	. 33301		
			City/ State and Zip Coo	ie	
DAV	VIDSTERNE	BAILBONDS954	l@GMAIL.COM		
			used for future annual repor	t notification)	<del></del>
For further information	on concernin	g this matter, ple	ase call:		
RACHEL KWEE			at (	467-2220	
Name	of Contact I	Person	Area Co	ode & Daytime Telepho	one Number
Enclosed is a check f	or the follow	ving amount mad	e payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee		.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy is enclosed)	us
_	ailing Addre			Address dment Section	

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

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	Articles of Inc	<del>-</del>	SECRETARY OF STATE DIVISION OF CORPORATIONS	
ADC SURETY, INC.	11_1.11 . 1	· f	16 MAY 10 PM 2: 12	
(Name of	Corporation as current	ly filed with the Florida De		
P1500053809				
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s)	
A. If amending name, enter the new nam	ne of the corporation:			
ADC BONDING, INC	.a.:	.ಎ.ಡ್ಎನ್ಎ. ಆನ	The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designation of "chartered," "professional association	tion "Corp," "Inc," or '	"Co". A professional corp "P.A."		
3. Enter new principal office address, if		515 SE 1ST AVENUE	·-	
Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u> )	FORT LAUDERDALE	, FL 33301	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.)		515 SE 1ST AVENUE		
		FORT LAUDERDALE, FL 33301		
			· · · · · ·	
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>			ame of the	
	NOT APPLICABLE	_		
Name of New Registered Agent			<del> </del>	
-	(Florida str	reet address)	<del></del>	
- New Registered Office Address:	(Florida str	reet address)	, Florida	

The second secon	a to the second		Service Control of the Control of th	The state of the s	
address of each Officer.	and/or Director b	eing added:	le and name of each offi	cer/director being remove	d and title, name, and
(Attach additional sheets,			n office tille:	<u>.</u> .	<u></u>
Please note the officer/dir P = President: V= Vice I	rector title by the J. President: T= Tre	āsurer: S= Sec	e office tine: cretary; D= Director; TR	= Trustee; C = Chairman	or Clerk; CEO = Chief
Executive Officer; CFO	= Chief Financial	Officer. If an		ore than one title, list the fi	
held. President, Treasure.			athy John Dog is listed as i	the PST and Mike Jones is	isted as the V. There is
				ese should be noted as John	
Mike Jones, V as Remove	, and Sally Smith,	SV as an Add.			
Example: X Change	PT John Do	<u>oe</u>		• • • • •	
X Remove	V — Mike Jo	nes	and desirable in the matter on the con-	The second	
X Add	SV Sally Sr	nith	<u>-</u>		an villaga ningan
Type of Action (Check One)	<u>Title</u>	Name	e e e e e e e e e e e e e e e e e e e	Address	
1)Change	<u>N/A</u>	. <u>N/A</u>		N/A -	· ·
Add					
Remove					
2) Change	N/A	N/A		N/A	<del></del>
Add					
Remove					<u>-</u>
3) Change	N/A	N/A		N/A	
Add					
Remove					
4) Change	N/A	N/A		N/A	<del></del>
Add					
Remove					
5) Change	N/A	N/A		N/A	** ***
Add					
Remove					
6) Change	N/A	N/A		N/A	
Add					

\_\_ Remove

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and the first	* ***, .	The second secon		
E. <u>If amending or a</u>	adding additional Articles	<u>, enter change(s) here:</u>		
(Attach additiona	l sheets, if necessary). (B	Be specific)	1 . 7.	<del>-</del> ; ;
NOT APPLICABLE	E (N/A)			
			<u> </u>	
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			··· -	
F. If an amendmen	t provides for an exchang	e, reclassification, or canc	ellation of issued shares,	
provisions for i	implementing the amendh icable, indicate N/A)	nent if not contained in the	amenament itseit:	
NOT APPLICABLE	E (N/A)			
			· · · · · · · · · · · · · · · · · · ·	
				<del></del>
			_	

The date of each amendment(s) adopt	ion:			er than the
date this document was signed MAY 6, Effective date if applicable:	2016	<del>-</del> -	SECRETARY OF S	STATE
	(no mòre than 90	days after amendment file a	16 MAY 10 PM	2: 13
Note: If the date inserted in this block document's effective date on the Departs		able statutory filing requiren	nents, this date will not be li-	sted as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were suffici		number of votes cast for the	amendment(s)	-
The amendment(s) was/were approve must be separately provided for each	ed by the shareholders thro			
"The number of votes cast for t	the amendment(s) was/were	sufficient for approval		
by	(voting group)		* ***	<u>.</u> .
The amendment(s) was/were adopted action was not required.	d by the board of directors	without shareholder action a	nd shareholder	
The amendment(s) was/were adopted action was not required.	l by the incorporators with	out shareholder action and sh	nareholder	
MAY 6, 2016 Dated				
Signatura	2			
selected, by		er – if directors or officers he hands of a receiver, trustee,		
AN	GEL R. ALONSO			
	(Typed or printed r	name of person signing)	· · · · · · · · · · · · · · · · · · ·	_
PRI	ESIDENT			
	(Title o	of person signing)		