## P15000062962

| (Re                     | questor's Name)    |      |  |  |
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SLERETARY OF A SYLE DIVISION OF BOLDON A SYLE

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## **COVER LETTER**

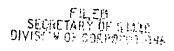
**TQ:** Amendment Section Division of Corporations

| DOCUMENT NUMBER: P1500062962  |
|---|
| the enclosed Articles of Amendment and fee are submitted for filing.  |
| lease return all correspondence concerning this matter to the following:  |
| THANE V. LIMING  Name of Contact Person  ABACUS SECURITY SERVICES INC  Firm/Company  25 90 GOLDEN GATE PARK WAY # 109  Address  NAPLES, FL 34105  City/State and Zip Code  TYLIMING® GMAIL. COM  E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call:   |
| THANE V. LIMING at (941) 441-6620  Name of Contact Person Area Code & Daytime Telephone Number  |
| inclosed 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)  \$35 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed)   |
| Mailing Address Street Address  |

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

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

## Articles of Amendment to Articles of Incorporation of



| ABACUS SECURI  | TY SERVICES INSEP 14 AM 9:33   |
|--|--|
| (Name of Corporation as currently  | whiled with the Florida Dept. of State)  |
| P150000629   | 62   |
|  | Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s) to  |
| A. If amending name, enter the new name of the corporation:  |  |
|  | The new  |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation " | n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:  | 2590 GOLDEN GATE PKWY #109   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | NAPLES, FL 34/05   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 2590 GOLDEN GATE PKWY #189<br>NAPLES, FL 34105   |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address   |  |
| Name of New Registered Agent   |  |
| 2590 G<br>(Florida str.  | eet address)   |
| New Registered Office Address: NAPLES  | , Florida 34105 (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v  |  |
| Signature of New R   | egistered 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 <math>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.

| X Change                      | <u>PT</u>   | John Do      | <u>oe</u>   |  |
|-------------------------------|-------------|--------------|-------------|--|
| X Remove                      | <u>v</u>    | Mike Jo      | <u>ones</u> |  |
| X Add                         | <u>sv</u>   | Sally Sn     | <u>nith</u> |  |
| Type of Action<br>(Check One) | Title       |              | <u>Name</u> | Address  |
| 1) X Change                   | <del></del> | _            |             | 2590 GOLDEN GATE PKW)<br>#109<br>NAPLES, FL. 34292 |
| Add                           |             |              |             |  |
| Remove                        |             |              |             | NAPLES, FL. 34292                                  |
| 2) Change                     |             | _            |             |  |
| Add                           |             |              |             |  |
| Remove                        |             |              |             |  |
| 3) Change                     |             |              |             |  |
| Add                           |             |              |             |  |
| Remove                        |             |              |             |  |
| 4) Change                     |             | <del></del>  |             |  |
| Add                           |             |              |             |  |
| Remove                        |             |              |             |  |
| 5) Change                     | <del></del> | <del>-</del> |             |  |
| Add                           |             |              |             |  |
| Remove                        |             |              |             |  |
| 6) Change                     | -           | <del></del>  |             |  |
| Add                           |             |              |             |  |
| Remove                        |             |              |             |  |

|                                       | al sheets, if necessary).   | icles, enter chan<br>(Be specific) | <u> </u>            |                    |                                       |
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|                                       |   | hange, reclassific                 | cation, or cancella | tion of issued sha | res,                                  |
| f an amendme                          | nt provides for an excl   | Tentro I compared                  |                     |                    |                                       |
| provisions for                        | nt provides for an exclimplementing the amedicable, indicate N/A) | endment if not co                  | ontained in the an  | endment itself:    | <del></del>                           |
| provisions for                        | implementing the amo  | endment if not co                  | ontained in the an  | endment itself:    |                                       |
| provisions for                        | implementing the amo  | endment if not co                  | ontained in the an  | endment itself:    |                                       |
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| provisions for                        | implementing the amo  | endment if not co                  | ontained in the an  | endment itself:    |                                       |

| The date of each amendment(s) adoption:   | , if other than the                                  |
|---|--|
| date this document was signed.  | FULE () SECRETARY OF STACE DIVISION OF BORPOWY FINAN |
| Effective date if applicable:   | DIAISO OF GUIDDING AND THE                           |
| Effective date if applicable: (no more than 90 days after amendmen  | 15 SEP 14 AH 9: 33                                   |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.   | quirements, this date will 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 by the shareholders was/were sufficient for approval.   | or the amendment(s)                                  |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the desired to the separately of the desired to the separately of the desired to the separately of |  |
| "The number of votes cast for the amendment(s) was/were sufficient for approva  | ıl   |
| by  | n  |
| by(voting group)  | _•   |
| <ul> <li>☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.</li> <li>☐ The amendment(s) was/were adopted by the incorporators without shareholder action is</li> </ul>   |  |
| action was not required.  | and shareholder                                      |
| Dated 9-11-2015<br>Signature Thank V Liming   |  |
| Signature Thank V Lining  |  |
| (By a director, president or other officer – if directors or officer  |  |
| selected, by an incorporator — if in the hands of a receiver, tr appointed fiduciary by that fiduciary)   | ustee, or other court                                |
| THANE V. LIMING  (Typed or printed name of person signing   |  |
| (Typed or printed name of person signing  | )  |
| PRESIDENT (Title of person signing)   |  |
| (Title of person signing)   |  |