P150000004030

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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Amend Mame

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COVER LETTER

TO; Amendment Section Division of Corporations

1

NAME OF CORPO	ORATION: ONE SHOT INVE	STIGATIONS AND SECU	RITY INC.
	1BER: P15000064030		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	MONTASER MASWADI		
		Name of Contact Person	
	ONE SHOT INVESTIGATION	ONS AND SECURITY INC	
		Firm/ Company	•
	PO Box #162553		
		Address	
	Altamonte Springs, FL 32716	5	
		City/ State and Zip Code	
mor	ntymaswadi@yahoo.com		
	E-mail address: (to be us	sed for future annual report i	notification)
For further informat	ion concerning this matter, pleas	se call	
roi further informat	ion concerning this matter, picas	se can.	
montaser maswadi		at (217-9656)
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depar	rtment 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)
Ai Di P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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2016/1A	, LED	•
Tappo	T3/ De	

ONE SHOT INVESTIGATIONS AND SECURITY INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State) (4)
	. / 2
15000064030	
(Document Number	of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
NE SHOT INVESTIGATIONS INC.	The new
me must be distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	1018 W SR 434 SUITE 150
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	LONGWOOD, FL 32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX #162553
	ALTAMONTE SPRINGS, FL 32716
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
	dress in Florida, enter the name of the
<u>Name of New Registered Agent</u>	dress in Florida, enter the name of the ss:
new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u></u>		
Add			į.	
Remove				
4) Change				
Add				
Remove				
				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach addition	r adding additional A nal sheets, if necessary). (Be specific)			
	•				
 					
		· · · · · · · · · · · · · · · · · · ·			
	100				
					
lf an amendm	ent provides for an ex	change, reclassifi	cation, or cancella	tion of issued shar	es.
provisions fo	r implementing the ar	nendment if not c	ontained in the an	<u>iendment itself:</u>	
					

3-30-2016	
The date of each amendment(s) adoption:late this document was signed.	, if other than th
-	
Effective date <u>if applicable</u> : (no more than 90 days after ar	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gradient must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated 3-30-2016	
Signature MOULE	President
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	ors or officers have not been ecciver, trustee, or other court
montaser masi	wadi
(Typed or printed name of perso	
Presiden	1+
(Title of person sign	ing)