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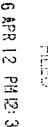
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## **COVER LETTER**

TO: Amendment Section				
Division of Corporations				
NAME OF CORPORATION: 10 505	Security Savices Inc			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:			
Clarence	Moses			
Moses S	Name of Contact Person  Cuity  Firm/ Company			
2000 N.	Meridian /d. #307			
Tallalassec, FL 32303 City/State and Zip Code				
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, pleas	e call:			
Name of Contact Person	at ( 850) 284-1/28  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p				
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

Moses Security Services Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
(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:
The new
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)  Rd. Tall. FL 32303
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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  One of New Registered Agent
Name of New Registered Agent Class & VOJES  2000 N. Meridian Add. Aft 302 Tall, FLJ2So  (Florida street address)
New Registered Office Address: Tallahasset, Florida 32303 (City) (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.
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.

X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	President	Clarence Nover Ir	2000 N. Mendian Ro
Add		•	Tall. PL 32303
Remove			
2) Change	VP.	Victoria Moses	7998 Leah br.
Add			Tall. FL 32303
Remove	President	Clarity March	01122 01 1
3) Change	FIED TO MY	Classisa Mose	8403 Blackjack Bd. Jall. FL 32305
Add			06d: ) all . F-L 32305
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding	additional Artic	cles, enter change(s) here:
(Attach additional sheet	s, if necessary).	(Be specific)
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. If an amendment prov	vides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for imple	menting the ame	ndment if not contained in the amendment itself:
(if not applicable	. indicate N/A)	
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The date of each amendment(s) adoption:	_, it other than the
$\frac{1}{2}$	
Effective date if applicable: 04 12 20 16 (no more than 90 days after amendment file date)	~
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.	·
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(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.	
Dated 04/12/2016	
Signature Plazza Moses	_
(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)	
Clarissa Moses	_
(Typed or printed name of person signing)	
President	_
(Title of person signing)	