## P140000027855

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Amend

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: D-Force Z	Security + Protective Securices, Inc
DOCUMENT NUMBER: P1600	0027855
The enclosed Articles of Amendment and fee are submitted	
Please return all correspondence concerning this matter to	o the following:
Samuel Dupe	rval
(N	ame of Contact Person)
D-Force I Security +	- Protective Services, Inc.
	(Time Company)
4521 SW 33 d Dr	
	(Address)
West Park, Fl 330	323
E-mail address: (to be used fo	gmail.com
E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, please call	II:
Samuel Duperval (Name of Contact Person)	at 754-444-0963
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

D-Force I Secu	wity + 1	Protective .	Service	es, Inc.	<u> </u>
(Name of Corporation	n as currently fil	ed with the Florida	Dept. of State)	. <del></del>	
P160	00002	27855	•		
(Docume	ent Number of Co	rporation (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floa	rida Profit Corporatio	on adopts the fo	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the cor	rporation:				
				The ne	311'
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp.' word "chartered," "professional association," or the a	" "Inc," or "Co"	. A professional coi	corporated" or poration name	the abbreviation the must contain to	on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI					-
·	-			53	-
	-		<del> </del>		" garges ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	וא				يور پيونونونو دو يو
(Muning dualess MAT BE AT OST OF TEE BOX	ע _			T. 1 100	
	_			- 5	A GARAGE
	-				<u>.</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address office address:	in Florida, enter the	name of the	•	ြိ
Name of New Registered Agent					
	(Florida street d	address)			
New Registered Office Address:			, Florida		_
	(Cit	אין		(Zip Code)	
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with	and accept the obliga	ations of the po	sition.	
Signa	tture of New Regi	stered Agent, if chang	ing		

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.

Change	Example: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Add		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
AddRemove 3 )ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove	Add	V,T	Cassandra Gilbert	5539 Fletcher St Hollywood, Fl 33021
Add Remove  4) Change	Add			
Add	Add			
Add Remove	Add			
	Add			
Add Remove	6) Change Add	<del></del>		

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
A / / /	

The date of each amendment(s) adoption: 4-20-/6 date this document was signed.	, if other than the
Effective date if applicable: 3-18-16  (no more than 90 days after amendment file date)	
(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, the document's effective date on the Department of State's records.	nis 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 the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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 share action was not required.	cholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated	
Signature  (By a director, president of other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	