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SEP 15 2017

R. WHITE



### **COVER LETTER**

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: CONTROL ACCUSS CONTROL SYSTEMS, INC.  DOCUMENT NUMBER: P16000062724							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Kendra Carter  Name of Contact Person  Carter ACCESS Control Systems, Inc.							
3490 Shlarwater-St Address  Na ales Fl. 34117							
City/ State and Zip Code  Kindra (a Carter-fence . Com.  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kendra Carter at (239), 353-4102 ext. 208  Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)							

#### Mailing Address

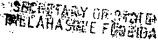
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### Street Address

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

# 17 SEP 13 AH 8: 22

## Articles of Amendment



Articles of Incorporation Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation 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) 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 (Florida street address) New Registered Office Address: Florida 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.

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.

	<b>xample:</b> <u>X</u> Change	PT John I	<u>Doe</u>	
i	X Remove	<u>V</u> <u>Mike</u> .	Jones .	
	X Add	SV Sally S	Smith	
<u>T</u> ((	ype of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	) Change	DI	Rogue, Hannely	1955 55th StSW
	Add			Naples, FL 34/16
	Remove			
2)	) Change	Dov.Dir.	Carter, Kendra	3890 7th Au 1)4
	Add		, , , , , , , , , , , , , , , , , , , ,	Naples, PL 34/20
	Remove			
3	) Change			
	Add			
	Remove			<del> </del>
4)	Change	<del></del>		
	Add			
	Remove			
5i	Change			
	Add			
	Remove			
6)	Change			
	Add			
	Remove			

(Attach additional sheets, if necessary). (Be specific)  NA	
	<del></del>
	<u>.                                    </u>
	<del></del>
	ammen edink bijk og sa sakmen i fer der frank de vellend tull
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)  WA	_
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: /// ////////////////////////////////	
(no more than 30 they's ther timenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot 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 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 Kenneth Carter (Pres.)."	
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 9/6/17	
Signature Mr.	
(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)	
Ken Carter	·····
(Typed or printed name of person signing)	
Pres. / Owner	
(Title of person signing)	