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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: US Protection and Investigations, Inc DOCUMENT NUMBER: B1600223 P14000003140
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Turnovsky Lazare Name of Contact Person  US protection: and Investigations inc  Firm/ Company
Firm/ Company  12175 NW 7 <sup>th</sup> Avenue  Address
Mi Mi E 1 33 168  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TUNNOVSKY LARGE at (347) 248 4499  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  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

# Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	s currently	filed with the Florid	a Dept. of State)	
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(Document)	Number of (	Corporation (if known	OLIANON	DL DUID
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rursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this <i>Fl</i>	orida Profit Corpora	tion adopts the follo	owing amendment(s
. If amending name, enter the new name of the corpor	ration:			
US Protection o	nd g	metigation	15, JNC	<b>.</b>
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I cord "chartered," "professional association," or the abbr	corporation,' 'Inc,'' or "Co	" "company," or "ii o". A professional c	ncorporated" or th	e abbreviation
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. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	' <b>0</b> 0)	Same	****	
rincipal office data ess those be A server ADDICES	<u>55</u> )			
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Enter new mailing address, if applicable:			528 <b>F</b>	a -11
(Mailing address MAY BE A POST OFFICE BOX)	•	Same		7 mai:
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If amending the registered agent and/or registered o	nffice addres	e in Florida enter th	he name of the	<del>ل</del> 6
new registered agent and/or the new registered offic		/	,	-
Manual CM - Day and Adaptive	·N/	4		
Name of New Registered Agent		•		<del></del> ·
(	(Florida street	address)		
New Registered Office Address:	NA		, Florida	
TO TANGENTO EN OFFICE TIME TOO.	- (C)	ity)		Zip Code)
w Registered Agent's Signature, if changing Register	red Agent:			
ereby accept the appointment as registered agent. I am		h and accept the oblig	gatio <mark>ns</mark> of the positi	on.
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Cionatura	a of Naw Ran	istored Agent if chan	aina	

address of each Office (Attach additional shee Please note the officer: P = President; V = Vic Executive Officer; CFO held. President, Treasu Changes should be not a change, Mike Jones of Mike Jones, V as Remo	er and/or I ets, if neces director tit ce Presiden O = Chief urer, Direct ted in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chie Financial Officer. If an officer/director holds more than one title, list the first letter of each offic	e e is
Example: X Change	. <u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	· <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
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1	The date of each amendment(s) adoption: Docember / 2016, if other than the date this document was signed.
/	date this document was signed.
1	Effective date if applicable:
	(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, this date will not be listed as the document's effective date on the Department of State's records.
,	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
	by
	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 Docember 1, 2016
	Signature (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)
	(Typed or printed name of person signing)
	(Typed of printed name of person signing)
	06ner
	(Title of person signing)