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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>Gtrictly</u>	SECURITY Plus. INC.
DOCUMENT NUMBER: P170600	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
IRVIN GONLA	Name of Contact Person FULLITY DIVS TNC. Finn/ Company
Strictly SE	FILURITY PIUS FNC.
310 - KINGEI	SH DD.
./	Address FC 34759. City/ State and Zip Code
KI'SSI'MMEE	FC 34759.
	for future annual report notification)
For further information concerning this matter, please	call:
IRVIN GONZALEL	at (<u>407</u>) <u>692-03F5</u> . Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & U\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Strictly Security Plus I	nC·
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P170000 41964	
P170000 41 9 6 4 (Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	217 CANTERBURY Ct.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	217 CANTERBURY CT. KISSIMMEE PL 34758
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	217 CANTERBURY Ct.
	Kissimmee FL 3475P.
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
new registered agent and/or the new registered office address	<u></u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
r nevery descept the approximent has regularized agent. Transformation	The same accept the obligations of the pisation.
	C 28
-	
Signature of New	Registered Agent, if changing : U
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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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	IRVIN M. GONZA/62	217 CANTERBURY C+
Add			Kissimm EE FL 34758
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Arti		ge(s) here:			
(Attach additional	l sheets, if necessary).	(Be specific)				
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16						
II an amendmen	t provides for an exch	ange, reclassific	cation, or cane	ellation of issued	d shares.	
GUAL AND I	mplementing the amer cable, indicate N/A)	nament it not ce	<u>miaiñeo in the</u>	amenament its	eir:	
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	, if other than th
ate this document was signed.	
Effective date if applicable: Ino more than 90 days after amendment file date)	
Tote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	this date will not be listed as th
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	lment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following s 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	
The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIPENT. (Title of person signing)	
(Title of person signing)	