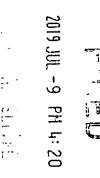
## P170000 57391

Office Use Only



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C. GOLDEN
JUL 1 9 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•

NAME OF CORPORA	ATION: Arseas Security Ser	rvices Inc			
DOCUMENT NUMBI	ER: P17000057391				
	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(	Gary Bloome				
		Name of Contact Persor	1		
(	Gary Bloome PA				
_		Firm/ Company			
9	148 Glades Road				
<del>-</del>		Address			
I	Boca Raton, FL 33434				
_		City/ State and Zip Code	2		
gbloon	nc@prodigy.net				
		sed for future annual report	notification)		
	concerning this matter, pleas				
Gary Bloome		at (	de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O.	ng Address Indirection Indirec	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED

2019 JUL -9 PM 4: 20

Arseas Security Services Inc

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000057391	
(Documer	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al	The new "corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
New Negistered Office Availess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Sional	ture 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>J</u>	ohn Doe	
X Remove	<u>∨</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Secretar	Jesse Joseph	9648 Boca Gardens Cir N B
Add			Boca Raton, FL 33496
x Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	·
	<u> </u>
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	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 amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by <sup>,,</sup>	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated    Signature   (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	en ourt
MD Jasim	
(Typed or printed name of person signing)	
President	
(Title of person signing)	