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JUL 12 2018 S. YOUNG



COVER LETTER

:4,

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

· NAME OF CORPORATIO	AT SECU	RITY INC.			
DOCUMENT NUMBER: _	P1800002	23557			
The enclosed Articles of Am	endment and fee are su	bmitted for filing.			
Please return all corresponde	nce concerning this ma	tter to the followin	ត:		
		GLENN ALI	.EN		
	·	Name of Conta	ct Perso	n	
		AT SECURITY	INC.		
		Firm/ Com	pany		
	10012 GUL	F CENTER DRIV	E, SUIT	E 5 #27()	
		Addres	is		
		FORT MYERS, I	-L 3391.	3	
		City/ State and	Zip Cod	e	
	glenn,aflen	@advancedtechno	logiesus.	com	
	-mail address: (to be us		_		
For further information coned	erning this matter, pleas	se call:			
GLENN ALLEN		at (203	570 1882	
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made	payable to the Flor	ida Depa	artment of State:	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co- enclosed)	y	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendmer			Amendment Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
	Tallahassee, Fl. 32314 2661 Executive Center Circle				

Articles of Amendment Articles of Incorporation of

AT SECURITY INC.

		filed with the Florida Dept. of State	.)
	P180000235	57	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this <i>F</i>	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp" "Inc." or "C	lo". A professional corporation nam	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		10012 GULF CENTER DRIVE	
		SUITE 5 #270	75 6
		FORT MYERS, FL 33913	10000000000000000000000000000000000000
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10012 GULF CENTER DRIVE	LED LED
		SUITE 5 #270	巴公
		FORT MYERS, FL 33913	2 · ·
D. If amending the registered agent and/or new registered agent and/or the new re	gistered office address:		
Name of New Registered Agent	ROBIN F. KULL		
	6371 ARCWAY, SUIT	TE 2	
	(Florida stre	et address)	
New Registered Office Address:	FORT MYERS	Florida_	33966
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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.

X Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>N'ame</u>	Address
I) Change	PD	MINO GALVAN, ANDRES E.	C/O 1430 SOUTH DIXIE
Add			HIGHWAY
X Remove			CORAL GABLLES, FL 33146
2) Change	PD	GALVAN, ANDRES E.	10012 GULF CENTER DRIVE
X Add			SUITE 5, #207
Remove			FORT MYERS, FL 33913
3) Change	ST	ALLEN, DORA M.	C/O 1430 SOUTH DIXIE
Add			HIGHWAY
X Remove			CORAL GABLLES, FL 33146
4) Change	ST	DANIELLE NELSON	10012 GULF CENTER DRIVE
X Add			SUITE 5, #207
Remove			FORT MYERS, FL 33913
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary)	(Be specific)				
		. 			
					
<u></u> .					
f an amendment provides for an exc	hange, reclassific	ation, or cancel	lation of issued s	<u>hares.</u>	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not co	ntained in the a	<u>imendment itself:</u>	<u>.</u>	
•					
					
•					
					
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
, (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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	iment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust 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 shar action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	lder
Signature (By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
ANDRES GALVAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	