P18000050804

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



000316273830

07/31/18--01013--011 *+35.00

SEORFTARY OF STATE

2015 JUL 39 P & 81

M

AUG 0 3 2519 To 1 *** 1 *** 157

COVER LETTER

TO: Amendment Section Division of Corporations

	TION: Storm S.	*	Inc
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
	Lussi	Name of Contact Person	1
		Firm/ Company	
6503 N. Military Trail #900 Address			11 4900
		te. FL 33'	
E-mail address: (to be used for future annual report notification)			
_	oncerning this matter, pleas		
?lussel! +	ingram	aı (^ SY	de & Daytime Telephone Number
Name of 0	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	artment 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 Centificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

		y filed with the Flor da Dept of Sta	
Sturm	Security Group Inc	71800005080HT.R.	DE STATE
	(Document Number of	71800005aggidi T.R.; f Corporation (if knood) LAHASSE	EFFORIDA
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the i	new name of the corporation:		
			The new
name must be distinguishable an "Corp.," "Inc.," or Co.," or the word "chartered." "professional a	designation "Corp," "Inc," or "	n," "company," or "incorporated" Co". A professional corporation no P.A."	or the abbreviation ame must contain the
B. Enter new principal office ad			
(Principal office address <u>MUST B</u>	BE A STREET ADDRESS)		
			
C. Enter new mailing address, i			
(Mailing address <u>MAY BE A I</u>	<u>POST OFFICE BOX</u>)		·
D. If amending the registered ag	sent and/or registered office add	ress in Florida, enter the name of th	ne
	the new registered office address		<u></u>
Name of New Registered .	Agent		
		•	
	(Florida str	reet address)	
New Registered Office Ad	ldrose:	, Floric	ta
New Registered Office Ha	areas.	tCity)	(Zip Code)
New Registered Agent's Signatur I hereby accept the appointment as		<u>:</u> with and accept the obligations of the	position.
A mariful or other annual or	g - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Signature of New F	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.

6

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
$X ext{Add}$	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	7	Salvatore Lopinto	6503 N Milley
X Add			Trail = 4705
Remove			Box Enter, FL. 3349
2) Change			_
Add			
Remove			
3) Change		_	_
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
70-7	
•	
-	
<u>,</u>	<u> </u>
a r	
	· · · · · · · · · · · · · · · · · · ·
_	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 we document's effective date on the Department of State's records.	ill 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(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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ 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 7/24/18	
Signature	
(By adirector 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)	
Russell Ingram III	
(Typed or printed name of person signing)	
Megis level Agest (Title of person signing)	
(Title of person signing)	