919000005185

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2021 MAY 13 PH 2: 20

규 양:

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

First State Securi	ty Corp		
		-	
			Art of Inc. Ella
			Art of Inc. File
		ļ	LTD Partnership File
			Foreign Corp. File
			L.C. File
		Ì	Fictitious Name File
			Trade/Service Mark
		1	Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
J		1	Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
, ame	Duic	111110	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier



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2021 MAY 20 PM 2: 39

ALLAMASSEE, FLU.

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2021

CAPITAL CONNECTION, INC.

SUBJECT: FIRST STATE SECURITY CORP.

Ref. Number: P19000025185

We have received your document for FIRST STATE SECURITY CORP and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Herese File Letter Number: 821A00010142

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	LATION: FIRST STATE SE	CURITY CORP	
	BER: 83-4143283		
The enclosed stricles	of Amendment and fee are su	dimitted for filling.	
Please return all corres	pondence concerning this ma	iter to the following:	
	Sumone Dixon		
		Name of Contact Person	
	First State Security Corp		
		Firm Company	
	7 7 7 3 3 30 1 1 CONTROL		
	······································	Address	
	Homestead FL 33034		
		City/ State and Zip Code	<u> </u>
	hiney d <i>tg</i> . I state inc. us		
	E-mail address; (to be us	sed for future annual report	notification)
For turnher information	reforeering this matter, plea		
Simone Dixon		786	300-8984
Name c	of Contact Person	Area Co	300-8984 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	nument of State:
S35 Filing Fee	☐543.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Anis Divi P.O.	ting Address infiment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The C	Address Iment Section In of Corporations entre of Talkahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment ſυ Articles of Incorporation of

ı:	11.	CT	· CT	A 1115	SUC	CRIT	٠,٠	(7)	CI.	u

(Name of Corporation as curren	tly filed with the Florida Dept. of St.	uto)
P19000025185	ar med with the ray los by pr. of the	r r
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts th	ie following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the c A professional corporation name m	The new abbreviation "Corp" ust contain the word
B. Enter new principal office address, if applicable:	755 NW 3rd Terrace	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Homestend, FL 33034	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10711 SW 216 Street	
· · · · · · · · · · · · · · · · · · ·	Suite 207	**
	Mrami, FL 33170	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		ne
Name of New Registered Agent		<u> </u>
		<u> </u>
Farida si	rvet addressi	1 😅
Now Registered Office Address:	City,	la (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>a;</u> with and accept the obligations of the	position.

Check if applicable $\hfill\square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

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:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee, \ C = Chairman or Clerk; \ CEO = Cinef Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first lener of each office held. President, Treasurer, Director would be PTD,$

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:

X Change	<u>PT</u>	<u>iahn Doe</u>				
∑ Remove	\underline{Y}	Mike Jones				
X Add	\underline{SY}	Sally Smith				
Type of Action (Check One)	<u>Tide</u>	Name	<u>Addres</u> s			
1) Change	CEO	Dixon, Shontvia	755 NW 3rd Terrace			
N Add			Homestead, F1, 33034			
Remove						
2)Change	D	LOPEZ, JAVIER	10711 SW 216 STREET			
Add			#304			
X Remove	V	LOPEZ, LOURDES	MIAMI, FL 33170 10711 SW 216 STREET			
, Add			#203			
X Remove			MIAMI, FL 33170			
4) Change	ט	WHITE, WILLIAM	10711 SW 216 STREET			
Add			#201			
X Remove			MIAMI, FL 33170			
5) Change	T	ZUCKER, AMY	10711 SW 216 STREET			
Add			=208			
X Remove			MIAMI, FL 33170			
6) Change			***************************************			
Add						
X Remove						

Attach additional sheets, if necessary),	eles, enter change(s) here: (Be specific)
an amendment provides for an excha	inge, reclassification, or cancellation of issued shares. dinent if not contained in the amendment itself:
(if not applicable, indicate N-A)	untent it that contained in the americanient (isett:
,	
	The second secon

	5.1/2021	
The date of each amendments	adoption:, if other thr	in the
date this document was signed.	1/2/21	
Effective date <u>if applicable</u> :	1/2021	
·	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.	io the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(5) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was were noist be separately provided	oproved by the shateholders through voting groups. The following statement or each voting group condled to vote separately on the amendmentist.	
"The number of votes e	st for the amendment(s) was were sufficient for approval	
nv.		
	(Noting group)	
5 ± 202) Dated		
sele	director, president or other officers if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other count	
арро	nted fiduciary by that fiduciary)	
	Juvier Lopez	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	