# P19000056379

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Clu Wrights Investigations, Inc
	MBER: P19000056379
The enclosed Article	es of Amendment and fee are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Clu Wright
	Name of Contact Person
	Clu Wrights Investigations, Inc
	Firm/ Company
	4936 Nature Drive
	Address
	Keystone Heights, FL 32656
	City/ State and Zip Code
	clu202d@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Clu Wright	at (352 ) 478-5168
Nam	e of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount made payable to the Florida Department of State:
S35 Filing Fee	S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

#### Articles of Amendment to Articles of Incorporation of

<del>"</del>	ration as currently filed with the Florida Dept. of State)
P19000056379	Tation as currently filed with the Fibrida Dept. of State)
	ocument Number of Corporation (if known)
(1)	realition (if known)
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of th	ne corporation:
Clu Wrights Security and Investigations, Inc	The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applic Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	
	istered office address in Florida, enter the name of the red office address:
new registered agent and/or the new registe	
new registered agent and/or the new registe	(Florida street address)
new registered agent and/or the new registe	(Florida street address)

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)

\_\_\_\_\_ Add

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: X Change PΤ John Doe X Remove Y Mike Jones <u>X</u> Add <u>\$V</u> Sally Smith Type of Action Title Name. <u>Address</u> (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) Change Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change Add \_\_\_\_ Remove δ) \_\_\_\_ Change

Articles of Incor	onal sheets, if necessary). (Be specific)
<del></del>	urity and Investigations, Inc
Article I Clu Wr	ight Security and Investigations, Inc
Article 3, to cond	duct security business, private investigations, inspections, fire investigations, as an security and investigation
igency and fire i	nspections in accordance with florida state statutes
<u> </u>	
<del></del>	
provisions for	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ap	oplicable, indicate N/A)
<u> </u>	
<del></del>	

The date of each amondment(s) a	August 20, 2021	ic values alone alo
date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the Do	clock does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and sl	hareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were appropriately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selecter appoint	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	-
	Clu Wright	
	(Typed or printed name of person signing)	
	Procident	