P200000 16320

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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THE TARY OF STATE

M10120

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: BME	WIRING SI	eurity	SYSTEMS	M
DOCUMENT NUMBE		0016320			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresponder	ondence concerning this ma	tter to the following:			
	PATE	Picia Poure Name of Contact Person	1		
	•	Name of Contact Person	n		
-	MOVANCE	FINANCIAL Firm/ Company	SERVICE	<u> </u>	
_	12534 W	ILES ROND			
		Address			
_	CORALSA	PHAGE PL City/ State and Zip Cod	33076		
		City/ State and Zip Cod	e		
_	E-mail address: (to be us	(1040-tax 2)	notification)	com.	
For further information (concerning this matter, pleas	se call:			
Patricia	Polluri Contact Person	at (954	_) 235 - 3	3848	
Name of	Contact Person	Area Co	de & Daytime Te	lephone Number	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	f Status py Copy	
Mailing Address Amendment Section			Address Iment Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

BMG WIRING SECURITY SYSTEMS INC

P 200000	(6320	
	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the fol	lowing amendment(s
A. If amending name, enter the new name of the	corporation:	
		The new
	"corporation," "company," or "incorporated" or the abbre ic," or "Co". A professional corporation name must c breviation "P.A."	
B. Enter new principal office address, if applicat	hle:	
(Principal office address MUST BE A STREET Al		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u></u>	
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the	JIVISION OF C
new registered agent and/or the new registere		₩ 38 5 8 5 8 5
AL CAL D. A. A. A.		20 23
Name of New Registered Agent		— 30 grafi
		JO
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Address.	(Ciny)	(Zip Code)
	• • • • • • • • • • • • • • • • • • • •	, ,
New Registered Agent's Signature, if changing R	egistered Agent	
	t. I am familiar with and accept the obligations of the posi-	tion.
Six	gnature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	YP	Beatiz S Chinique	211 E. 19th Street Hialach, FL 33010
Add Remove			Hialash, FL 33010
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u>.</u>	
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Ar tach additional sheets, if necessary).	. (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
<u> </u>	
	\ \
-	-
	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
rovisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1
	
	
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The date of each amendment(s) ac	loption:			, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :		00.1 6		
	(no more than	90 days after an	nendment file date)	
Note: If the date inserted in this be document's effective date on the De			filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, o	r board of direct	ors without shareholder action	and shareholder
The amendment(s) was/were ado by the shareholders was/were su		he number of vo	otes cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) was/w	vere sufficient fo	or approval	
by	(voting group)		<u>.</u> .	
	(voting group)			
selected	rector president or other off l, by all-incorporator – if in the ed fiduciary by that fiduciar	the hands of a re	rs or officers have not been ceiver, trustee, or other court	
	MANUEL	. A A	LVAREZ	
•	(Typed or printed	d name of person	n signing)	
	PRESID			
	(Title of person s	signing)		