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SECRETARY OF STATE

COVER LETTER

TO: Amendment Sect Division of Corp				
NAME OF CORPOR	RATION: PROFESSIONAL	SECURITY BUREAU IN		
	P200000034318	•••		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	LUIS M VELOZ			
		Name of Contact Persor	1	
	LUIS M VELOZ PA			
		Firm/ Company		
	30639 MIDTOWN CT			
		Address		
	WESLEY CHAPEL, FL 33545			
	**	City/ State and Zip Code		
	LUISMVELOZ@GMAIL.C	ОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
LUIS M VELOZ PA		at (813	de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303		

Articles of Amendment to Articles of Incorporation of

PROFESSIONAL SECURITY BUREAU INC.

(Name)	of Corporation as current	tly filed with the Florida Dept. of State)
P200006 34318		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
	'orp," "Inc," or "Co"	The new 'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	Iress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	LUIS M VELOZ	
	30639 MIDTOWN CT	
	(Florida st	reet address)
New Registered Office Address:	WESLEY CHAPEL	. Florida 33545
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.

Signature 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	<u>V</u>	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	P	RAFAEL A PAULINO	3853 NORTHDALE BLVD 285
Add			TAMPA, FI. 33624
X Remove			
 2) Change	Р	BSA TRUST	3853 NORTHDALE BLVD 285
X Add			TAMPA, FL 33624
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			+ == -1/4
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additio</u> nal Ar Attach <i>additional sheets, if necessa</i> ry).). (Be specific)
	
.	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate NA)	nendment if not contained in the amendment itself:

•

	11/19/2022	
The date of each amendment(s) a date this document was signed.	loption:	, if other than the
11/1 Effective date <u>if applicable</u> :	9/2022	
	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this b document's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directo	rs without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	pted by the shareholders. The number of vot fficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting gro each voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by		:
	(voting group)	
11/19/2022 Dated	7 /	
(By a di selecteo	rector, president or other officer – if directors l, by an incorporator – if in the hands of a rec ed fiduciary by that fiduciary)	
	RAFAEL A PAULINO	
	(Typed or printed name of person	signing)
	P	
	(Title of person signing)	