P2200064145

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SBJ SECURITY A	GENCY, INC				
	MBER: P22000054148					
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.				
Please return all co	rrespondence concerning this ma	tter to the following:				
	Viola Anderson					
		Name of Contact Person	1			
	SBJ SECURITY AGENCY, INC					
		Firm/ Company	····			
	1910 SOUTH STE RD 7					
		Address				
	MIRAMAR/FL 33027					
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2			
	Nads1945@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informa	tion concerning this matter, pleas	se call:				
Viola Anderson		at () 446-5564			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	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 Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation

	to Articles of Incorporation	France .
	of	
SBJ	SECURITY AGENC	Y 2020 NHO DO
(Name of Cor	SECURITY AGENCY poration as currently filed with the Florida	Dept. of State
	P22000054148	
(I	Document Number of Corporation (if known)
rsuant to the provisions of section 607.1006, I Articles of Incorporation:	Florida Statutes, this Florida Profit Corporat	tion adopts the following amendment
If amending name, enter the new name of	the corporation:	
BJ SECURITY SERVICES, INC		The new
ame must be distinguishable and contain the wo lnc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc," or "Co". A professional corporal abbreviation "P.A."	
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	.E BOX)	
If amending the registered agent and/or re	egistered office address in Florida, enter th	he name of the
new registered agent and/or the new regis		
Name of New Registered Agent		
Name of New Neglacrea Algent		
	(Element of the state of the sea)	
	(Florida street address)	
New Registered Office Address:	<u> </u>	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changin hereby accept the appointment as registered as		rations of the monition
tereny accept the appointment as registered by	zeni 1 ат затинағ жип апа ассері іле орну	ганот ој те ромноп.
	Signature of Nov. Divisional Asset 16.1.	
	agnature of New Registerea Agent, if Chan	Kink
	Signature of New Registered Agent, if chan	ging

Check if applicable \Box 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)

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 <math>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>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change				
Add				-
Remove 3) Change	·	_		-
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		***************************************
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change((Be specific)	· <u>·····</u> ·		
				•
				-
· · · · · · · · · · · · · · · · · · ·				
			· · · · ·	
				
				
f an amendment provides for an exc	hange, reclassificati	on, or cancellati	on of issued share	<u>.S.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not cont	ained in the ame	ndment itself:	
(у пот аррисате, такие млл)				

•

The date of each amendment(s) adoption:	other than the
(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 will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharel action was not required.	holder
☐ 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, 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)	
<u>Viola anderson</u> (Typed or printed name of person signing)	
(Typed of printed traine of person signing)	
LEO	<u></u>
(Title of person signing)	