P23 WC4208°7

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
<u></u>	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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07/19/23--01006--016 **5.00

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2023 JUL 19 PM 1:09

JUL 19 2023

COVER LETTER

TO: Amendment Section Division of Corporations VETERANS ROFESSIONAL SECURITY CORP. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVE A. GIRSON
Name of Contact Person
VETERANS ROFESSIONAL SECURITY LORP
Firm/ Company SPRINGH. H. FARM Rd. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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, FL 32303

Articles of Amendment

to

Articles of Incorporation

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Veterans Profes	Sional Secu	ity Corp
(Name of Corporation as curren	ly filed with the Florida D	ept. of State) 19 17 1: 35
P2300000		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
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.	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		name of the
Name of New Registered Agent		
(Florida s	reet address)	
New Registered Office Address:		P1 .: 1.
Hen Registeren Office Hunress.	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligati	ions of the position.
Signature of New 1	Registered Agent, if changin	<u> </u>
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)		_

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 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.
Promotor

Evample: \underline{X} Change <u>PT</u> John Doe X Remove \underline{V} Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) 1343 12th Fairly Wellington, FL 33414 Kesha Bostic 1) ____ Change ____ Add _<u>k</u> Remove 2) ____ Change ____ Add _____ Remove 3) _____ Change _____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add

____ Remove

	ial sheets, if neces	ssary). (Be spec	tific)			
						
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 30 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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)	
Steve (5): 65 on (Typed or printed name of person signing) V. Prissdent (Title of person signing)	