## P92000014844

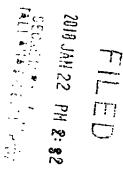
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Palm Beach Secur	ity Inc.	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Bonnie Marshak		
	<del></del>	Name of Contact Person	n
	Palm Beach Security Inc.		
	<del></del>	Firm/ Company	
	5380 N Ocean Drive, Suite 2		
		Address	
	Singer Island, FL 33404		
		City/ State and Zip Cod	e
more."	757@bellsouth.net		
	_	sed for future annual report	notification)
	13 man address. (to be as	ied 151 tatare aminar report	Tiothical (Mily)
For further information	t concerning this matter, pleas	se call:	
Bonnie Marshak		at ( <u>561</u>	339-8711
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	artment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

raint Beach Security Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P92000014844		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
		7*1
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	• • • • • • • • • • • • • • • • • • •	2018 JAN 22
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	P
Name of New Registered Agent		
(Florida street	t address)	
New Registered Office Address:	, Florida_	
(C	City)	(Zip Code)
	lity)	, ,
Cignatura of Vina De	pictored Agont if obvioring	
Signature of New Reg	istered 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)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	James LaRosa	5380 N Ocean Dr
Add			Suite 2013
X Remove			Singer Island, FL 33404
2) Change	VP	Geoffrey A. Chappell	5380 N Ocean Dr
X Add			Suite 20B
Remove			Singer Island, FL. 33409
3 ) Change			
Add			
Remove			<del> </del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
5) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
f an amandmant arouidse for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	01-18-2018	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
-	01-18-2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) is sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
01-18-2 Dated	018	
Signature	Bonnie marshak	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
арр	omica nauciary by that nouciary)	
	Bonnie Marshak	
	(Typed or printed name of person signing)	
	DP	
	(Title of person signing)	