# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000234110 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070 Phone : (305)541-3980

Fax Number : (305)541-7033

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HUBER'S LOCKSMITH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

### COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: HUBER'S L	OCKSMITH, IN	C.	
DOCUMENT NUMBER: P9300006159			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
MOSES NAE			
·	Name of Contact Person		
ACCOUNTANT 8	MANAGEMEN	<u>T</u>	
	Firm/ Company		
1549 NE 123RD	ST		
	Address		
NORTH MIAMI, F	FL 33161		
	City/ State and Zip Cod	÷	
INFO@SOLUTIONS			
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
MOSES NAE	at (305	541-3980	
Name of Contact Person	Area Co	do & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtiment of State:	
\$35 Filing Fee	☐\$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	Ainend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

FILED

Articles of Amendment to Articles of Incorporation of 2012 SEP 24 AM 10: 11 SECREMARY OF STATE TALLAHASSEE, FLORIDA

HUBER'S LOCKSMITH, INC.		
	filed with the Florida Dept. of State)	•
P93000061594		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Floridu Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
HUBER'S LOCKS & SECURIT	Y, INC.	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Com word "chartered," "professional association," or th	rp," "Inc," or "Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>
	· · ·	<u> </u>
D. If amending the registered agent and/or regist new registered agent and/or the new registers		<u>f the</u>
Name of New Registered Agent	, , , , , , , , , , , , , , , , , , , ,	
<u> </u>		
	(Florida strvet address)	
New Registered Office Address:	(Florida strvet address)	(Zip Code)

Page 1 of 4

Signature of New Registered 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; CEQ = 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, SY as an Add.

Example:

X Change	PT.	John Do	<u>×</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	<u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Page 2 of 4

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	<u> </u>	
If an amendment provides for an exchange, reclas	sification, or cancellation of langed shares.	
provisions for implementing the amendment if no (if not applicable, indicate N/A)	ot contained in the amendment itself:	
(if not applicable, malcule (VA)		



The date of each amendmen	ot(s) adoption; 09/24/12
Effective date if applicable:	
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Deted_09.	
Signature	the E: Poplaris
(	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)
	LAURA E SARDINAS
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)