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Amend CC/CUS

COVER LETTER

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TO: Amendment S Division of Co				
NAME OF CORP	Colonia PORATION: <u>Securi</u>	al Investigations ty Consultants,	And Inc.	
DOCUMENT NU	MBER: <u>P 96 000</u>	080724		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Please return all co	rrespondence concerning thi	s matter to the following:		
-	Kathleen 1	affic of Contact i cison		
	Colonial Inve	stigations And usultants, Inc.		
-	Security Col	Firm/ Company		
	1536 NW 8	3 Avenue		
•		Address		
	Homestead	FL 33030		
•	C	FL 33030 ity/ State and Zip Code	 _	
		Colonialis @ aol. c	om_	
	E-mail address: (to be use	d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
Kathleen	K. Wheeler	at (305) 246-	8720_	
Name	of Contact Person	Area Code & Daytime Tel		
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ac		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle		le		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as cul	stigations And sultants, Inc. rrently filed with the Florida Dept. of State)
P 96 0 0 0 0 8 0	724
	umber of Corporation (if known)
rsuant to the provisions of section 607.10 endment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the
If amending name, enter the new name	of the corporation: N/A
	The
breviation "Corp.," "Inc.," or Co.," or t	n the word "corporation," "company," or "incorporated" of the designation "Corp," "Inc," or "Co". A professional corpor professional association," or the abbreviation "P.A."
Enter new principal office address, if a rincipal office address MUST BE A STRI	
Enter new mailing address, if applicat	ole: N/A .
	—
(Mailing address MAY BE A POST OF	—
	—
	—
(Mailing address MAY BE A POST OF) If amending the registered agent and/o	or registered office address in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OF</u>	or registered office address in Florida, enter the name of the egistered office address:
(Mailing address MAY BE A POST OF) If amending the registered agent and/o	or registered office address in Florida, enter the name of the egistered office address: Kathleen K. Wheeler
(Mailing address MAY BE A POST OF) If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter the name of the egistered office address: Kathleen K. Wheeler
(Mailing address MAY BE A POST OF) If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter the name of the egistered office address:
If amending the registered agent and/o new registered agent and/or the new re	registered office address in Florida, enter the name of the egistered office address: Kathleen K. Wheeler 1536 NW B Avenue (Florida street address)
If amending the registered agent and/o new registered agent and/or the new re	registered office address in Florida, enter the name of the egistered office address: Kathleen K. Wheeler 1536 NW B Avenue (Florida street address) Homestead Florida 33030
If amending the registered agent and/o new registered agent and/or the new re	registered office address in Florida, enter the name of the egistered office address: Kathleen K. Wheeler 1536 NW B Avenue (Florida street address) Homestead (City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address .	Type of Action
PT	Joseph H. Wheeler	1536 NW 8 ave Homestead FL 33030	☐ Add ■ Remove
PT	Kathleen K. Wheeler	1536 NW Bave. Homestead FL 33030	_ ⊠ Add □ Remove
			☐ Add ☐ Remove
<u>provisi</u>	mendment provides for an exchange, recons for implementing the amendment if the applicable, indicate N/A)	lassification, or cancellation of is not contained in the amendment	sued shares, itself:

The date of each amendment(s) adoption: November 1, 2010
Effective date if applicable:	(date of adoption is required) November 1, 2016
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((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
	vember 1, 2010
	athleen K. Wheeler
, ·	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	Kathleen K. Wheeler (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Vice President (Title of person signing)
	(Title of person signing)