

P97000005636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

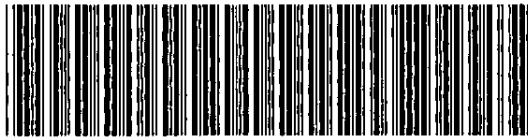
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

02/21/13--01013--005 **35.00

FILED
2013 MAR -4 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of
3/5/13

*00789, 06422, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Security Options, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000005636

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Dowden

Name of Contact Person

Security Options, Inc.

Firm/Company

1599 SW 30th Ave, Suite 2

Address

Boynton Beach, FL 33426

City/State and Zip Code

secoptions@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Dowden

Name of Contact Person

at (**561**) **375-7988**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2013

Daniel Dowden
Security Options, Inc.
1599 SW 30th Ave., Suite 2
Boynton Beach, FL 33426

SUBJECT: SECURITY OPTIONS, INC.
Ref. Number: P9700005636

We have received your document for SECURITY OPTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 913A00004536

RECEIVED

13 MAR -4 AM 8:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SECURITY OPTIONS, INC.
DOCUMENT NUMBER: PA7000051030

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Dawda
Name of Contact Person
SECURITY OPTIONS, INC.
Firm/ Company
1599 SW 30th Ave, Ste 2
Address
BONITA BEACH, FL 33426
City/ State and Zip Code
SECoptions@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Dawda at (561) 375-7980
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

SECURITY SOLUTIONS

2013 MAR 14 AM 10:04

(Name of Corporation as currently filed with the Florida Dept. of State)

1970000051034

DEPT. OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing