# P971000086128

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### **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION: DOUBLE S SECURITY, IN C.  DOCUMENT NUMBER: P97000086128			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
STEVE SLAZES  Name of Contact Person  DOUBLE S SECURITY, INC  Firm/ Company  1651 S.W. HWY 260 UNIT# 309  Address  OCALL, Floring 34476  City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
STEVE SLAZES at (352) 854-9002			
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:			
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)			

## Mailing Address

TO: Amendment Section

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

Dougle 5 Se	CURITY,	'NC		
(Name of Corp.	oration as currently	filed with the Florida Dep	ot. of State)	
P 97000086	ત ૧૨૪			
(D	Ocument Number of C	Corporation (if known)		-
Pursuant to the provisions of section 607,1006, F its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation :	adopts the following a	mendment(s) to
A. If amending name, enter the new name of t	the corporation:			
N/A		<u> </u>		he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C or the abbreviation "P	o". A professional corpo	oorated" or the abbi ration name must coi	reviation ntain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	<u>cable:</u> "ADDRESS )			
(Frincipal Office and Color in				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		SECRE PARTIE	FILE -3 P
D. If amending the registered agent and/or re new registered agent and/or the new regis	egistered office addre tered office address:	ess in Florida, enter the na	ame of the	PH 1: 25
Name of New Registered Agent	<u></u>			
	(Florida stre	et address)		
New Registered Office Address:	NIA		, Fłorida	
New Registrojew Office	(	City)	(Zip Co	de)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	gent. I am familiar w	eith and accept the obligation		
	Signature of New Ro	egistered Agent, if changin,	g	

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Kushnerick, Thomas	36546 JEAN DRIVE
Add			GRAND ISLAND, FL 30735
_X_ Remove			
2) Change Add		STEVE SLAZES	9684 S.W746 AVE OCHLA,FC 34477
Remove			
3 ) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
/ \ / P)	
****	
• • • •	
<u> </u>	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/17	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s date this document was signed.	•	Ly 31.201		, if other than
Effective date <u>if applicable</u> :	Jo (no mo	14 31, 201 ore than 90 days after amend	8  ment file date)	
Note: If the date inserted in the document's effective date on the			g requirements, this dat	te will not be listed as
Adoption of Amendment(s)	(CHECK O	NE)		
☐ The amendment(s) was/were by the shareholders was/wer			ast for the amendment(s	;)
☐ The amendment(s) was/were must be separately provided		olders through voting groups. intitled to vote separately on		nt
"The number of votes of	ast for the amendment(s	s) was/were sufficient for app	roval	
bv	NIA	φ)		
, <u> </u>	(voting grou	φ)		
The amendment(s) was/were action was not required.				r
☐ The amendment(s) was/were action was not required.	adopted by the incorpor	rators without shareholder act	tion and shareholder	
DatedSignature	7-31-18	Hunga-		
( <b>B</b> y	a director, president or o	other officer - if directors or	officers have not been	
sele	ected, by an incorporator	r – if in the hands of a receive	er, trustee, or other cour	t
арр	ointed fiduciary by that	fiduciary)		
	STEU	E SLAZES		
	(Typed o	or printed name of person sign	ning)	
	PRE	SIBENT		
		(Title of person signing)		

the

the