

P98000062974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

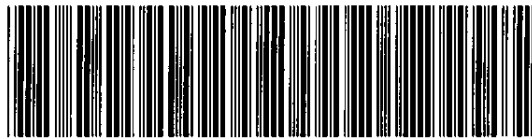
(Business Entity Name)

(Document Number)

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2010 FEB 10 P 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
Tlewis
2-11-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADVANCED INFORMATION AND INVESTIGATIVE Associates,
Inc.

DOCUMENT NUMBER: P98000062974

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

Please return all correspondence concerning this matter to the following:

DAVID FAMBRINI

Name of Contact Person

Firm/ Company

17070 COLLINS AVENUE #263

Address

SUNNY ISLES BEACH, FL 33160

City/ State and Zip Code

eliteguardinc@aol.com

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

For further information concerning this matter, please call:

DAVID FAMBRINI

Name of Contact Person

at (305)

956-9520

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

February 8, 2010

Florida Department of State
Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FAX: 850-245-6897

Attention Thelma:

Please let this letter serve as notice that I have no intention of revoking the voluntary dissolution of Alliant Services Corporation, Inc.

I hereby give consent for Advanced Information and Investigative Associates, Inc. to use the name of Alliant Services Corporation, Inc.

If you should have any questions, please contact me directly at 305-956-9520.

A handwritten signature in black ink, appearing to be the name 'David' with a stylized flourish at the end.

David president

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 02/5/2010
(date of adoption is required)
Effective date if applicable: 02/10/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/05/10

Signature _____
(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)

DAVID FAMBRINI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

February 8, 2010

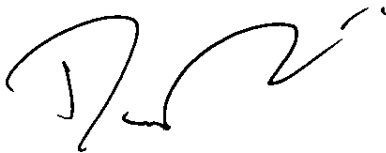
Florida Department of State
Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find the following:

1. Articles of Dissolution for Alliant Services Corporation, Inc. (P09000092076). I am the President of said corporation.
2. Articles of Amendment for Advanced Information and Investigative Associates, Inc. (P98000062974) changing its corporate name to Alliant Services Corporation, Inc.

I have attached the appropriate fees for both forms. If you should have any questions, please contact me directly at 305-956-9520.

A handwritten signature in black ink, appearing to read 'David Fambrini', with a stylized flourish at the end.

David Fambrini
President