Requester's Name	10
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Sterling Heights Protection P.O. Box 601545 N. Miami Beach, FL 33160-	
	Office Use Only
1	CUMENT NUMBER(S), (if known):
1 (Corporation Name)	(Document #)
2(Corporation Name) 3	(Document #) 000004568330 -03/04/0101107 ******35,00 *****
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
 Profit Not for Profit Limited Liability Domestication Other 	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Merger Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement

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Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended,)added or deleted)

ADD RAFAEL DIAL - REGISTERED AGENT & PUST ADD DAVID ZILBERMAN - DIRECTOR

SECOND: 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, are as follows:

8/24/01 THIRD: The date of each amendment's adoption: FOURTH: Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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) Ó 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. Signed this $\underline{-24}$ day of AUGUST 2001 Signature rman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR (By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JAFFA Typed or printed name)

PUSTD REG. PHENT

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of $f = 2 \circ 4 + 2 4$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STERLING HEIGHTS PROTECTION AGENCY, INC.

316

2. The mailing address of the corporation: 1065 N.E. 125 STREET

3. Date of incorporation/qualification: 3/1/91 Document number: 53747

4. The name and address of the current registered agent and office:

MIAMI

NONTH

RZILBERMAN, JAFFA 1065 N.E. 125 STREET STE 321 NORTH MIAMI, FL 33161

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

DIA2. RAFAEL 125 STREET 33161 NORTH MIAMI FL

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Unnu ignature of an of er, chairman or vice chairman of the board) FA RERMAN (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as

registered agent	8/24/01	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity: LAT-AEL DIA 2	RECISTONED) AGE	7کہ
(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314