## V39061

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Security At Large, Inc.  DOCUMENT NUMBER: V39061
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Terri Willhoite Name of Contact Person  Security At Large Tnc DBA All-Secure Alarm Systems Firm/Company  1001 Susan Dr.  Address  Lakeland, Florida 33803  City/State and Zip Code  all secure medic@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terri Wilhorte at (863) 1682-3737  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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is Certified Copy)  Certified Copy  Certified Copy  Certified Copy  Certified Copy

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

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of

FINCERO SILCPETARY OF STATE DIVISION OF CORPORATIONS

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to

Seawith At Large	o Too		17 01.1 00	111 14 20
(Name of Corporation as current)	ly filed with the Flor	ida Dept. of State)		_ <u>.</u>
1/390/1		,		
(Document Number	r of Corporation (if k	nown)		_
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this Fl	orida Profit Corporatio	n adopts the following	ng amendment(
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional cor	orporated" or the c poration name must	tbbreviation contain the
B. Enter new principal office address, if applica	able:			<u> </u>
Principal office address <u>MUST BE A STREET A</u>	(DDRESS )			
				_
				_
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	<del></del>		_
				<del></del>
			<del></del>	<u></u>
<ol> <li>If amending the registered agent and/or reginew registered agent and/or the new register</li> </ol>	stered office address	s in Florida, enter the	name of the	
new registered agent and/or the new register	tu omet aguress.			
Name of New Registered Agent	_ <del>_</del>	····	<del>_</del> _	
	(Florida street	address)		
New Registered Office Address:		, Flor	rida	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		h and accent the ablica	tions of the position	
пологу могорі іне арронитені ва ледімелей иден	u. i um jumusur wss	i una accepi ine vviiga	nons of the position.	
<u> </u>	f New Registered Age		_ <del>_</del> _	
ภา <i>ตกสกเร</i> ย กา	I IVPW KEVISIPPA AGE	ni iicn/inging		

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Linda Friedt	1001 Susan Dr. Lakeland, FL:
Add Remove			Lakeland, FL. 33803
2) Change			
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change Add			
Remove  6) Change			
Add			

E. <u>If amending o</u> Attach <i>additio</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
(	
N	A
··· · · · · · · · · · · · · · · · · ·	
provisions fo	ment provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: opticable, indicate N/A)
	1 A

The date of each amendment(s) ad	loption: <u>05-27 - 20</u>	SECRETARY OF STATE OF STATE	$S_{-}$ , if other than the
date this document was signed.  Effective date <u>if applicable:</u>	05-27-2000	14 SEP 30 PM 1: 28	
	(no more than 90 days	after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number ficient for approval.	er of votes cast for the amendment(s	(i)
	roved by the shareholders through vo each voting group entitled to vote se		nt
"The number of votes cast	for the amendment(s) was/were suffic	cient for approval	
, by	(voting group)	,,,	
The amendment(s) was/were ado action was not required.	pted by the board of directors withou	ut shareholder action and shareholde	r
The amendment(s) was/were ado action was not required.	pted by the incorporators without sha	areholder action and shareholder	
Dated	09-25-2014		
Signature	Thomas W. 7	riedt	
selected	irector, president or other officer – if d, by an incorporator – if in the hands ted fiduciary by that fiduciary)		t
	Thomas	1. Friedt name of person signing)	
	(1) ped or printed	iame of person signing)	
	(Title of n	person cianina)	