## 768824

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	(City/State/Zip/Phone #)
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SECRETARY OF STATE OF CONFORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: The Pasco C	ounty Security Pa	trol Associat	ion, Inc.
DOCUMENT NUMBER	R: 768824			
The enclosed Articles of A	Amendment and fee a	re submitted for filir	ng.	
Please return all correspon	ndence concerning thi	s matter to the follow	wing:	
Barbara L	antz, President			
	(Name o	of Contact Person)		
The Pasco	······································	trul Association m/Company)	. The	
10925 Ros	ssiter Avenue	(Address)		<del> </del>
Hudson, F		tate and Zip Code)	· <del>·</del> ··································	
For further information co	ncerning this matter,	please call:		
Frederick Dichter, Trea	<del></del>	at ( <u>813</u> (Area Cod	) <u>907-2062</u> e & Daytime Te	lephone Number)
Enclosed is a check for th	e following amount m	ade payable to the F	lorida Depar	ment of State:
	43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copenclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	ection rporations g e Center Circl	e

## Articles of Amendment to Articles of Incorporation of

DIVISION OF CORPORATIONS

OF NOV. 17 PM 2: 00

	ty Security Patrol Association, rrently filed with the Florida Dept. of St	
	768824	
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 617.100 he following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
The Pasco County Security Pate The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	l contain the word "corporation" or "inc	
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
). If amending the registered agent and/o new registered agent and/or the new re		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.	ging Registered Agent:	
-	Signature of New Registered Agent, if cha	anging

## 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>	Address	Type of Action
			D D
			<u> </u>
			Add Remove
E. If amen (attach a	ding or adding additional Arti dditional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	The state of the s		
<del></del>			

The date of each amendment(s) adoption: August 13, 2008		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated Aug	just 13, 2008	
(By	Baxbaxa (Interpolated Chairman of the board, president or other officer-if directors the not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)	
	Barbara Lantz (Typed or printed name of person signing)	
	President	
	(Title of person signing)	