## P11000020205

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FEB 2 7 2013 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section

 Division of Corporations NAME OF CORPORATION: Bee Safe Home Watch, Inc. DOCUMENT NUMBER: P11000020205 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeff M. Evers Name of Contact Person Paver Protectors, Inc. Firm/ Company 10507 Winged Elm Drive Address Fort Myers, Florida 33913 City/ State and Zip Code paverprotectors88@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeff M. Evers Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment

to
Articles of Incorporation

FILED

Bee Safe Home Watch	nc.	13 FEB 2	5 AMH: 52	
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	e Tari di Salah di Pangangan	-
P11000020205		TALL AHASS	LE PLORIDA	
(Documen	t Number of Corporation (if k	(nown)	10.57(2)	<del>-</del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the followir	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
Paver Protectors, Inc.				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	o". A professional corpo		abbreviation
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				_
				<del>-</del> -
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
				_
			· · · · · ·	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the n	ame of the	
new registered agent and/or the nev				
Name of New Registered Agent	N/A		_	
			_	
	(Florida stree	et address)		
New Registered Office Address:	N/A	, Floric		<del></del>
	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist		th and accept the obligation	ons of the position.	
			_	
Si	gnature of New Registered Ag	gent, if changing		

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_ <del>_</del>	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		<del></del>		
Remove				
5) Change				14/44/10/61 - 1-1-1
Add			•	<del></del>
Remove			•	
6) Change				
Add				
Remove				

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the assentinent itsen.
N/A	

The date of each amendmen	t(s) adoption: 02/22/2013
Effective date <u>if applicable:</u>	02/22/2013
Effective date <u>tr applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
☐ The amendment(s) was/we must be separately provia	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wa action was not required.	ere adopted by the incorporators without shareholder action and shareholder
<sub>5</sub> 02	/22/2013
Signature	Justin
Į.	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
j	appointed fiduciary by that fiduciary)
	Jeff M. Evers
	(Typed or printed name of person signing)
	President
	(Title of person signing)