N0400000844/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	V
Special Instructions to Filing Officer:	
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Amend Tlewis 4-15-09

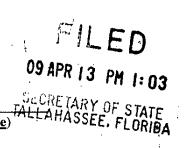


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DEERFIELD O	CRIME WATCH,INC.	
DOCUMENT NUMBER: NO4000008441		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JOSEPH CHIAVAROLI	Contact Person)	
(Name of	Contact Person)	
DEERFIELD CRIME WATE		
(Firm	n/ Company)	
15408 CAMBRIA DR.		
(,	Address)	
BROOKSVILLE FL 34604		
(City/ Sta	te and Zip Code)	-
For further information concerning this matter, p	lease call:	
JOSEPH CHIAVAROLI	at () 352 75	· · · · · · · · · · · · · · · · · · ·
(Name of Contact Person)	•	ne Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida De	epartment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 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	Street Address Amendment Section	
Division of Corporations	Division of Corporations	3
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center (Tallahassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation



DEERFIELD CR	IME WATCH, INC.	TAIC CRETARY OF
(Name of Corporation as curre	ntly filed witn the Florida Dept. of	State)
NO4000008441		
(Document Num	ber of Corporation (if known)	
tursuant to the provisions of section 617.1006, Inc. The following amendment(s) to its Articles of Inc.		or Profit Corporation ado
If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" or</u>		
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
•		
D. If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
	tered office address:	
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	
		, Florida
_	(City)	(Zip Code)
lew Registered Agent's Signature, if changin hereby accept the appointment as registered osition.		ccept the obligations of
	gnature of New Registered Agent, 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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	JOHN H. COPENHAVER	3577 CELEBRATION DR. BROOKSVILLE FL 34604	☑ Add □ Remove
<u>VP</u>	WALTER GEIBEL	15454 SARATOGA DR. BROOKSVILLE FL 34604	☐ Add ☐ Remove
			Add Remove
E. If amending (attach addit	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	hange(s) here:	

The date of each amendmen	t(s) adoption: 4-11-09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	4-11-09
Signature _	Everyth Theavard-
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)
	JOSEPH CHIAVAROLI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)