# N04000011464

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Amend/Name

To 2/12/09

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Florida Chaptes of the National Conscionation of quandamen, lnc.

DOCUMENT NUMBER: N 0400011464 04000011464 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth Bridges Sr. Kenneth Bridg (Firm/ Company) For further information concerning this matter, please call: Kenneth Bridges at (772 2015509

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee \$35 Filing Fee \$43.75 Filing Fee & **S**43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2009

KENNETH BRIDGES 9639 FAIRWOOD COURT PORT ST. LUCIE, FL 34986

SUBJECT: FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF

GUARDSMEN, INC.

Ref. Number: N04000011464

We have received your document for FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF GUARDSMEN, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 609A00004190

SECRETARY OF STATE TALLAHASSEE, FLORIOA

3009 FEB 12 AM 8: 00

RECEIVED

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### Articles of Amendment to . Articles of Incorporation of

Florida Chastes (Name of Corporation as curr	of the N	ational ass	nialian Jouri
(Name of Corporation as curr	ently filed with	he Florida Dept. of S	ate)
_			John Marie Control of the Control of
(Document Nur	mber of Corporati	ion (if known)	<u></u>
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I		, this <i>Florida Not For I</i>	Profit Corporation adopts
A. If amending name, enter the new name o			
National Association The new name must be distinguishable and c	n of 9 u	ardemen -	Florida enc.
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" o	ontain the word or "Co." may not	"corporation" or "in be used in the name.	corporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS )	9639 Fa	ucie, FL 34986
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>::</u> <u>'CE BOX</u> )		
D. If amending the registered agent and/or new registered agent and/or the new regi	istered office add	iress:	
Name of New Registered Agent:	Kennet 9639 F	the Bridge	es art
New Registered Office Address:	Port S	th Bridge airwood Co da street address) of Lucie (City)	, Florida_ <u>349</u> 8 (
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.	ing Registered A	gent:	

Page 1 of 3

Signature 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
Secretary	F. Molcolin Curay he	no 400 5. australian	Add
		West Pale Beach 334	O /
_	TJ Cunningham	1897 Pola Beach Lakes Smil 201 WPB, FL 33409	Add Remove
heasure	Kenneth Bridges	9639 Farrand CT Post St. Jucie FC 34986	Add Remove
	ng or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
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The date of each amendment(s) adoption: 12/10/2008				
	(no more than 90 days after amendment file date)			
	(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	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	1/27/09			
Signature _	Kenneth Brilges			
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)			
	Kenneth Bridges (Typed or printed name of person signing)			
	Treasurer			
	(Title of person signing)			