

N05000004637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

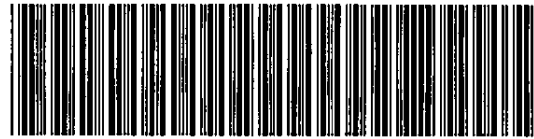
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700262289927

10/06/14--01042--002 \*\*52.50

FILED  
SECRETARY OF STATE  
14 NOV 20 PM 10:16

Amend / Name chg  
1a 11/21/14  
cc/cus

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Pasco County Sheriff Security Patrol at Lexington Oaks, Inc.

**DOCUMENT NUMBER:** N05000004637

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sharon Schofield**

(Name of Contact Person)

**Pasco County Sheriff Security Patrol at Lexington Oaks, Inc.**

(Firm/ Company)

**26304 Lexington Oaks Blvd.**

(Address)

**Wesley Chapel, FL 33544**

(City/ State and Zip Code)

**lexingtonoakssp@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sharon Schofield** at **813 967-5677**

(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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

October 15, 2014

SHARON SCHOFIELD  
PASCO COUNTY SHERIFF SECURITY PATROL  
26304 LEXINGTON OAKS BLVD.  
WESLEY CHAPEL, FL 33544

SUBJECT: PASCO COUNTY SHERIFF SECURITY PATROL AT LEXINGTON  
OAKS, INC  
Ref. Number: N05000004637

We have received your document for PASCO COUNTY SHERIFF SECURITY  
PATROL AT LEXINGTON OAKS, 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 registered agent must sign accepting the designation.

The document must have original signatures.

You failed to sign the form as a digital signature is not acceptable.

*Completed*

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 414A00022095

14 NOV 14  
RECEIVED  
DIVISION OF CORPORATIONS

Articles of Amendment  
to  
Articles of Incorporation  
of

Pasco County Sheriff Security Patrol at Lexington Oaks, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000004637

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Lexington Oaks Security Patrol, Inc.

*The new*

*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Sharon Schofield

26304 Lexington Oaks Blvd.

(Florida street address)

New Registered Office Address:

Wesley Chapel

Florida

33544

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sharon Schofield

Digitally signed by Sharon Schofield  
DN: cn=Sharon Schofield, o=ou,  
email=sharon@sharonchofield.net, c=US  
Date: 2014.10.03 09:48:00 -0400

(Signature of New Registered Agent, if changing)

FILED  
SECRETARY OF STATE  
14 NOV 20 10 16 AM

**\*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Samuel Fulciniti</u>	<u>26304 Lexington Oaks Blvd</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Robert Faucher</u>	<u>26304 Lexington Oaks Blvd</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Patricia Ehrhardt</u>	<u>26304 Lexington Oaks Blvd</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: September 24, 2014, if other than the date this document was signed.

Effective date if applicable: September 24, 2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 3, 2014

Signature Sharon Schofield  
Digitally signed by Sharon Schofield  
DN: cn=Sharon Schofield, o. ou, email=sharon@sharonschofield.net, c=US  
Date: 2014.10.03 12:58:08 -0400  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sharon Schofield

(Typed or printed name of person signing)

Treasurer

(Title of person signing)