

N05000004637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Amend / Name chg
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1a 11/21/14

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

(Name of Contact Person)

at (**813**) **967-5677**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 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
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 15 2014
REGISTRATION DIVISION

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

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=co,
email=sharon@sheronechofield.net, c=US
Date: 2014.10.03 09:48:00 -0400

(Signature of New Registered Agent, if changing)

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14 NOV 20 3 31 PM '14

***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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Samuel Fulciniti</u>	<u>26304 Lexington Oaks Blvd</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Robert Faucher</u>	<u>26304 Lexington Oaks Blvd</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Patricia Ehrhardt</u>	<u>26304 Lexington Oaks Blvd</u>
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

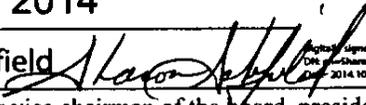
The date of each amendment(s) adoption: September 24, 2014, if other than the date this document was signed.

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@sharonchofield.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)