

N11000001809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

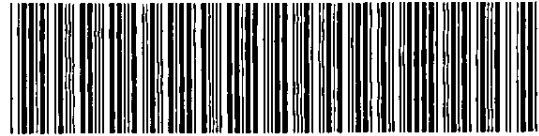
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 18 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Non profit Guardian services inc**

DOCUMENT NUMBER: **N11000001809**

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

Please return all correspondence concerning this matter to the following:

CHASTITY VALDES

(Name of Contact Person)

BOL

(Firm/ Company)

2514 SW 101 COURT

(Address)

MIAMI, FL 33165

(City/ State and Zip Code)

contact@backofficelaw.com

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

For further information concerning this matter, please call:

Chastity Valdes at **954** **5577871**

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

February 28, 2013

CHASTITY VALDES
NON PROFIT GUARDIAN SERVICES INC
2514 SW 101 COURT
MIAMI, FL 33165 US

SUBJECT: NON-PROFIT GUARDIAN SERVICES, INC.
Ref. Number: N11000001809

We have received your document for NON-PROFIT GUARDIAN SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN PART A, THE NEW NAME MUST CONTAIN THE WORD "CORPORATION" OR "INCORPORATED" OR THE ABBREVIATION "CORP." OR "INC." (COMPANY OR CO. MAY NOT BE USED IN THE NAME.)

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 413A00004862

RECEIVED
13 MAR 18 AM 9:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2013

CHASTITY VALDES
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2514 SW 101 COURT
MIAMI, FL 33165 US

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Rebekah White
Regulatory Specialist

Letter Number: 413A00004862

Articles of Amendment
to
Articles of Incorporation
of

Non profit guardian services Inc

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

N11000001809

(Document Number of Corporation (if known))

FILED
13 MAR 18 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:**

Back Office Law Project CORP

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)

2514 sw 101 court

Miami, FL 33165

C. Enter new mailing address, if applicable:

(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:

Chastity Valdes

2514 sw 101 court

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33165

(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.

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)

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PTD</u>	<u>CHASTITY VALDES</u>	<u>2514 SW 101 COURT MIAMI FL 33165</u> _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>RA</u>	<u>FORTUNY, GRACIELA</u>	<u>5300 NORTH-EAST 24TH TERRACE #227 FORT LAUDERDALE FL 33308 US</u> _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>GOGLIO-GHAFIR, BARBARA A</u>	<u>500 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308</u> _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>GRANT, ROBERT C</u>	<u>613 SOUTHWEST SECOND DRIVE POMPANO BEACH FL 33060</u> _____ _____
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	<u>2514 SW 101 COURT MIAMI FL 33165</u> _____ _____
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DVP</u>	<u>PETER MATRANCA</u>	<u>2514 SW 101 COURT MIAMI FL 33165</u> _____ _____

The date of each amendment(s) adoption: 1/22/2012

Effective date if applicable: 1/22/2012

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

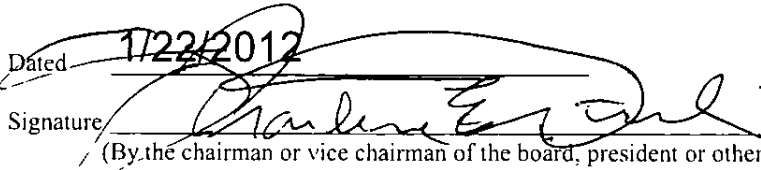
(CHECK ONE)

- ☒ 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

1/22/2012

Signature


(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)

MARLENE FUNK

(Typed or printed name of person signing)

Incorporator/Director

(Title of person signing)