

P00000039419

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-16-15

(RM)
2-2-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JAGAR SECURITY CONSULTANT, INC.

DOCUMENT NUMBER: P00000039419

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

Please return all correspondence concerning this matter to the following:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diane Cohen, Esq.
Name of Contact Person

Diane Cohen, P.A.
Firm/ Company

111 W. Main St., Ste. 203
Address

Inverness, FL 34450
City/ State and Zip Code

dcohen@diane.cohen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Cohen at (352) 637-1899
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:

- \$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

Articles of Amendment
to
Articles of Incorporation
of

JAGAR SECURITY CONSULTANT, INC.

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

P00000039419

(Document Number of Corporation (if known))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

35 Hollyhock Ct.
Homosassa, FL 34446

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

35 Hollyhock Ct.
Homosassa, FL 34446

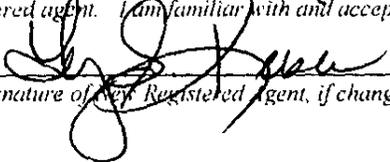
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Tracy Keiser
35 Hollyhock Ct., Homosassa, FL 34446
(Florida street address)

New Registered Office Address: 35 Hollyhock Ct., Homosassa, Florida 34446
(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.


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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PS</u>	<u>Gary Sokol</u>	<u>7 Hollyhock Ct. Homosassa, FL 34446</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Tracy Keiser</u>	<u>35 Hollyhock Ct. Homosassa, FL 34446</u>
3) <input type="checkbox"/> Change <input 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)

Change registered agent to: Tracy Keiser
35 Hollyhock Ct.
Homosassa, FL 34446

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: October 29, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/22/15

Signature Tracy Keiser
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Tracy Keiser
(Typed or printed name of person signing)

President/Secretary/Treasurer
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

DIANE COHEN, ESQ.
DIANE COHEN, P.A.
111 W. MAIN ST., STE. 203
INVERNESS, FL 34450

SUBJECT: JAGAR SECURITY CONSULTANT, INC
Ref. Number: P00000039419

We have received your document for JAGAR SECURITY CONSULTANT, 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):

Page 1 of 4 is missing from the documents, please complete and return.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 115A00002094

RECEIVED
15 FEB 13 AM 11:58
REGISTRATION DIVISION