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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STATEWIDE SECURITY PATROL INC.

DOCUMENT NUMBER: __

P01000099260

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

Please return all correspondence concerning this matter to the following:

BRIAN M WALDRON

* Name of Contact Person

STATEWIDE SECURITY PATROL & INVESTIGATIONS INC.

Firm/ Company

2075 BROADWAY

Address

FORT MYERS, FLORIDA 33901

City/ State and Zip Code

STATEWIDEPATROLFLA@MSN.COM

E-mail address: (to be used for future annual report notification) 4

For further information concerning this matter, please call:

 BRIAN M WALDORN
 at (239)
 332-8403

 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:

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È 🗖	\$35 Filing Fee		□ \$43.75 Filing Fee &	د	\$43.75 Filing Fee &	☑ \$52.50 Filing Fee	
		•	Certificate of Statu	s	Certified Copy	Certificate of Status	
		· ·	* v		(Additional copy is enclosed)	Certified Copy	
• •	:			•		(Additional Copy is enclosed)	

-	Mailing Address		Street Address
	Amendment Section	•	Amendment Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle
	- · · ·	. –	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

STATEWIDE SECURITY PATROL INC.

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

CP01000099260

(Document Number of Corporation (if known)

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

The new

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

STATEWIDE SECURITY PATROL & INVESTIGATIONS INC.

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 app	olicable:	SAME	•	+		-				
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