## P020005087

(Requestor's Name)	
(Address)	400239130784
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	09/14/1201012012 **35.00
(Document Number)	
Certified Copies Certificates of Status	
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## COVER LETTER

Division of Corporations NAME OF CORPORATION: Homewatch Services Etc., Inc. DOCUMENT NUMBER: P02000050887 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carl A. Lorenzini Name of Contact Person Homewatch Services Etc., Inc. Firm/ Company 18629 Oriole Road Address Fort Myers, FL 33967 City/ State and Zip Code carllorenzini@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $at \ (\frac{239}{\text{Area Code & Daytime Telephone Number}})$ Carl Lorenzini Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

**Mailing Address** 

TO: Amendment Section

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

is enclosed)

## Articles of Amendment to Articles of Incorporation of



## Homewatch Services Etc., Inc.

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

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(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:

name mast be distinguismable and contain me "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the a Corp," "Inc," or "Co". A professional corporation name must r the abbreviation "P.A."		
B. Enter new principal office address, if appli	18629 Oriole Road		
Principal office address <u>MUST BE A STREET</u>	Fort Myers, FL 33967		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)  \sqrt{A}		
D. If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address in Florida, enter the name of the ered office address:		
Name of New Registered Agent Carl	A. Lorenzini		
1862	9 ORIVLE ROAD FORT MYERS FL 33967 (Florida street address)		
New Registered Office Address: 1862	18629 Oriole Road, FORT MYRS, Florida 33967 (City) (Zip Code)		
New Registerea Office Address:	(City) (Zip Code)		

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: X Change	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
l) Change	DS	F	Carl A. Lorenzini	18629 Oriole Road
X		_		Fort Myers, FL 33967
Remove				
2) Change		_		
Add				
Remove				12.00
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	·	<del></del>		
Add				MANA DESCRIPTION
Remove				

ttach <i>additional sheets, if i</i>	iecessary). (Be spec	ific)		
NA				
77/7				
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		<del></del>	<del></del>	
MR				
an amendment provides provisions for implementi	for an exchange, recl	assification, or canc	ellation of issued shar	es,
(if not applicable, indi		not contained in the	amendment usen.	
1				
N/A				<del> </del>
		MANAGER		

The date of each amendment(s) adoption: September 10, 2012 September 10, 2012 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 ☐ 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 September 10, 2012 (By a director, president or other officer - if directors or officers have not been Signature selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Edward A. Lorenzini Sr. (Typed or printed name of person signing) President (Title of person signing)