

PO2000070353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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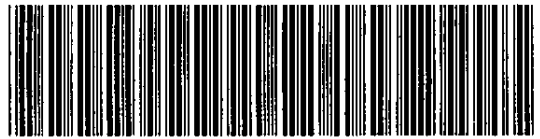
(Business Entity Name)

(Document Number)

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FILED
-10 MAR 11 AM 10:26
"SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE
MAR 12 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOMAX INC

DOCUMENT NUMBER: P02000070353

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

Please return all correspondence concerning this matter to the following:

DAVID WHITE

Name of Contact Person

LOMAX INC

Firm/ Company

PO BOX 121436

Address

CLERMONT FL 34712-1436

City/ State and Zip Code

frontdesk@absoluteprotective.com

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

For further information concerning this matter, please call:

DAVID WHITE

Name of Contact Person

at (321) 230 9769

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

LOMAX INC

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

P02000070353

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 121436

CLERMONT FL 34712-1436

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:

DAVID WHITE

New Registered Office Address:

7401 STATE ROAD 33

(Florida street address)

CLERMONT

(City)

Florida 34714

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V	CAROLE LOMAX	7401 STATE ROAD 33 CLERMONT FL 34714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	WILLIS LOMAX	7401 STATE ROAD 33 CLERMONT FL 34714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	DAVID WHITE	7401 STATE ROAD 33 CLERMONT FL 34714	<input checked="" 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)

PLEASE REMOVE WILLIS LOMAX, PRESIDENT, AND CAROLE LOMAX, VICE-
 PRESIDENT, FROM OWNERSHIP, OR ANY OTHER ASSOCIATION WITH
 LOMAX INC. PLEASE ADD DAVID WHITE AS PRESIDENT OF LOMAX INC.

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)

PLEASE ASSIGN ALL SHARES TO DAVID WHITE.

The date of each amendment(s) adoption: FEBRUARY 28 2010

Effective date if applicable: FEBRUARY 28 2010 (date of adoption is required)
(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

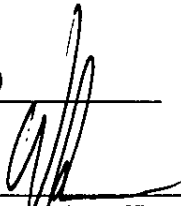
by WILLIS LOMAX, THEN PRESIDENT."
(voting group)

☐ 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 FEBRUARY 28 2010

Signature


(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)

WILLIS LOMAX

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)