## P03000158231

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C. Lewis 11-10-14

## COVER LETTER

TO: Amendment Section Division of Corporations Professional Protection & Investigations Agency, Inc. NAME OF CORPORATION: P03000158231 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James J. Fernandez Name of Contact Person Professional Protection & Investigations Agency, Inc. Firm/ Company 9485 SW 72 Street A-270 Address Miami, FL 33173 City/ State and Zip Code ifernandez@ppia.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James J. Fernandez 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 (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

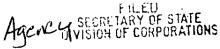
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

## **Articles of Amendment**

to

Articles of Incorporation of



Profession	al Protection &	Investigation	ons, In <b>¢.</b> oct 3	30 PM 4: 13
(Name of Corporation as o	currently filed with the Flor			
	P0300015			
(Document	Number of Corporation (if kr	iown)		
Pursuant to the provisions of section 607.16 its Articles of Incorporation:		rida Profit Corporati	on adopts the following	; amendment(s) t
A. If amending name, enter the new name	ne of the corporation:			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co	". A professional co		
B. Enter new principal office address, if (Principal office address MUST BE A ST.				
C. Enter new mailing address, if application (Mailing address MAY BE A POST O				
D. If amending the registered agent and new registered agent and/or the new		in Florida, enter the	name of the	
Name of New Registered Agent	James J. Fernand	dez		
	9485 SW 72 Stre	et #A270		
New Registered Office Address:	(Florida street <b>Miami</b>	•	orida 33173	
	(City)		(Zip Code)	
New Registered Agent's Signature, if che I hereby accept the appointment as registered Signature.			ations of the position.	

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>loe</u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PCEO	Palacios, Cynthia	9485 SW 72 Street
Add			#A270
Remove			Miami, FL 33173
2) Change	PSTC	Fernandez, James J.	9485 SW 72 Street
Add			#A270
Remove			Miami, FL 33173
3) Change			
Add			a
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles; enter change(s) here: (Be specific)
<del></del>	
	•
provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
	utes dated October 22nd, 2014 and Corporate Stocl
Registry	

The date of each amendment(s) adoption: Adopted on October 22nd 2014 as attached			
date this document was signed.	, if other than the		
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)			
(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.	SUCRUTARY DIVISION OF C		
October 22nd 2014	30 SEE		
Dated October 2271d 2014 Signature	PH PH		
(By a director, president or other officer - if directors or officers have not been	- F: I		
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	ω × <sub>S</sub>		
James J. Fernandez			
(Typed or printed name of person signing)			
President, CEO, Secretary, Treasurer			
(Title of person signing)			