P05000016821

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Amend & MC

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OFF DUT	Y DETECTOR DOGS, IN	C.
DOCUMENT NUMBER:	821	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
PETE SALVO Name of C	Ocontact Person	
SALVO GROV	P, In C.	
P.O. Box 2672	214	
WESTON, FL		
City/ State	e and Zip Code	
E-mail address: (to be used for fut	ure annual report notification)	
For further information concerning this matter, please	call:	
PETE SALVO a	t (<u>954</u>) <u>915-5064</u> Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of State Certified Copy (Additional Copy)	itus
	treet Address mendment Section	

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

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



January 25, 2010

PETE SALVO SALVO GROUP, INC. PO BOX 267214 WESTON, FL 33326

SUBJECT: OFF DUTY DETECTOR DOGS, INC.

Ref. Number: P05000016821

We have received your document for OFF DUTY DETECTOR DOGS, 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):

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L08000066219 - THE SALVO GROUP, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 810A00001904

SOID FEB - 1 AM 8: 00 SECRETARY OF STATE ABIRDATE ABIRDATE ABIRDATE.

RECEIVED

, , , , , , , , , , , , , , , , , , ,	articles of Ame	enament ,
•	to	
Ai Ai	rticles of Incor	poration
•	of	20. 611
OFF DUTY DETEC	TOR DO	GS, Inc. CO
(Name of Corporation as curren	tly filed with th	e Florida Dept. of State Cope
P0500001682/		AHASSE OF S
(Document Numb	er of Corporatio	n (if known)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes	s, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of t	he corporation:	•
Shallo Carup stona	54	LYA GONA USA +NC. TI
name must be distinguishable and contain the	e word "corno	ration," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the a	lesignation "Cor	p," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "profe	ssional associat	ion," or the abbreviation "P.A."
D. E-4		5240 South University Drive
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable: (ADDRESS)	JA40 JOUCH UTIVETSICY DING
(Tricipal office dataless MOST BE 71 STREET	TIDDRESS)	#106
	-	Davie, FL 33328
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		P.O. BOX 267214 WESTON FL 33326
		1115TON 11 3 3326
	4	NEDTON, PL JOJO
	-	
D. If amending the registered agent and/or re-		
new registered agent and/or the new regist	ered office addr	ess:
Name of New Registered Agent:		
<u>Name of New Registered Agent.</u>		
_		
New Registered Office Address:	(Florid	a street address)
		P1: 1-
_	(City)	, Florida (Zip Code)
	(Ciiy)	(Lip Code)
New Registered Agent's Signature, if changing	Registered Age	ent:
I hereby accept the appointment as registered again	ent. I am famili	ar 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:

A	ttach	additional	sheets	if	necessary)
(4 4 1	SUCT	aupinonai	Briceis,	"	necessary,

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Damaua
		<u> </u>	
		<u></u>	☐ Remove
	ding or adding additional Articles, additional sheets, if necessary). (Be		
F. Ifana	mendment provides for an exchang	e, reclassification, or cancel	lation of issued shares
provis	ions for implementing the amendme		
(if i	not applicable, indicate N/A)		
			=

The date of each amondment((s) adoption:
Effective Neth if a without law	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder.
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	01-19-10
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	PETE 5ALVO (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)