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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CODDOD	ATION LADORAM T	and Part Ation	& PROTECTIVE SERVICES	Corp
	ER: <u>105()001</u>		<u> </u>	
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
-	MICHA	EL NEW LETTO Name of Contact Person	<u>S</u>	
		Name of Contact Person	n	
		Firm/ Company		
	4528 CL	UB HOUSE DR.		
•	1	Address		
-	Marietta	Address GA 30066 City/ State and Zip Code		
		City/ State and Zip Cod-	e	
	LIMOS O BO	SULSOUTH NET sed for future annual report	notification	
	is-man address, (to be d.	sed for future annual report	nouncation)	
For further information	concerning this matter, plea	se call:		
MICHAEL N	ECOLETTOS	at (9 SH	de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment 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)	
	ing Address		Address	
	ndment Section sion of Corporations		ment Section on of Corporations	
	or our portunous	12111310	n or corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

IMPERIAL	TRANSPORTATION	¿ PROTECTIVE	SERVICES	Corp.
	(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)	
	P0500	00 131 300		
	(Document Nu	umber of Corporation (if kno	wn)	
Pursuant to the provisions its Articles of Incorporation	of section 607.1006, Florida Statut on:	es, this Florida Profit Corpo	oration adopts the fol	lowing amendment(s) to
A. If amending name, en	nter the new name of the corporat	tion:		
	N	l A		The new
"Corp.," "Inc.," or Co., word "chartered," "profe	hable and contain the word "cor" or the designation "Corp," "Incessional association," or the abbrev	:," or "Co". A professiona	"incorporated" or all corporation name	the abbreviation
	office address, if applicable: MUST BE A STREET ADDRESS)	san D	<u> </u>
•				201
C. Enter new mailing a (Mailing address MA	ddress, if applicable: Y BE A POST OFFICE BOX)	3114 S Orland	an Leo D	F 7 F F F F F F F F F F F F F F F F F F
	stered agent and/or registered offi and/or the new registered office :		r the name of the	100 OF 10
<u>Name of New Re</u>	gistered Agent			<u>. </u>
	(FI	orīda street address)		
New Registered (Office Address:		, Florida	
		(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
Non Daristoned Assessed	Simulation is the second of th			
Thereby accept the appoin	Signature, if changing Registered atment as registered agent. I am fa	Agent; miliar with and accept the o	bligations of the posi	tion.
		CM B		
	Signature o	f New Registered Agent, if cl	นตกฐเทฐ	

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)

Pleuse 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	/ Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change	<u></u>	VANESSA NECOLETTOS	Po Box 965732
Add Remove			Marietta, GA 3006
2) Change	9_	DANTE PAYNE	3114 San Leo Dr.
Add Remove			Orlando, Pl 32820
3) Change			
Add			
4) Change			
Remove			
5) Change			
Add			
6) Change			
Add Remove			

, and the same of	cessary). – (Be spec	zific)		
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an amendment provides fe	or an exchange, rec	lassification, or cance	llation of issued sha	res.
<u>provisions for implementin</u>	<u>g the amendment if</u>	not contained in the	mendment itself:	
(if not applicable, indica	te N/A)			
_				
		4 / ,		
		4/4		
		• \		

The date of each amendment(s) adoption:date this document was signed.	Nov. S	2016	, if other than the
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		e statutory filing requirements, this o	late will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
by the shareholders was/were sufficient for	ne shareholders. The num or approval.	nber of votes east for the amendmen	
☐ The amendment(s) was/were approved by must be separately provided for each voti			nent
"The number of votes cast for the an	nendment(s) was/were su	fficient for approval	
by	voting group)		
. ()	voting group)	· · · · · · · · · · · · · · · · · · ·	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors with	nout shareholder action and sharehol	der
The amendment(s) was/were adopted by the action was not required.	ne incorporators without s	shareholder action and shareholder	
Dated2 /	5/12		
	`	>	
Signature(By a director, pr	resident or other officer –	- if directors or officers have not beer	 1
selected, by an in	ncorporator – if in the har	nds of a receiver, trustee, or other co	
appointed fiducia	ary by that fiduciary)		
	MICHAEL N	ECOLUTIOS	
-	(Typed or printed name	e of person signing)	
	VP		
	(Title of pe	erson signing)	