

P050001522-25

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Quint 12/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABSOLUTE PROTECTIVE INC

DOCUMENT NUMBER: P05000152225

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

Please return all correspondence concerning this matter to the following:

WILLIS LOMAX
(Name of Contact Person)

ABSOLUTE PROTECTIVE INC
(Firm/ Company)

1295 W HWY 50 SUITE H
(Address)

CLERMONT FL 34711
(City/ State and Zip Code)

For further information concerning this matter, please call:

WILLIS LOMAX at (352) 394-5981
(Name of Contact Person) (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

ABSOLUTE PROTECTIVE INC

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

P05000152225

(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**)*

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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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>
D	JEFFREY R SNYDER	1295 W HWY 50 SUITE H CLERMONT FL 34711	☐ Add ☒ Remove
PD	HAROLD R SNYDER	1295 W HWY 50 SUITE H CLERMONT FL 34711	☐ Add ☒ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

CHANGE VIVIAN R SNYDER FROM VD TO PD / 90% OWNER & 90% BOARD OF DIRECTOR VOTE.

CHANGE WILLIS P LOMAX FROM D TO VD / 10% OWNER & 10% BOARD OF DIRECTOR VOTE.

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)

N/A

The date of each amendment(s) adoption: NOVEMBER 24 2008

Effective date if applicable: NOVEMBER 24 2008

(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)

☒ 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 DECEMBER 16 2008

Signature

Vivian R. Snyder
(By a director, president or other officer – if director 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)

VIVIAN R SNYDER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Subscribed and sworn before me, this 16TH
day of DECEMBER, 2008, a Notary Public
in and for LAKE County,
State of FLORIDA

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[Signature]
(Signature)

NOTARY PUBLIC

My Commission expires MAY 4, 2012

