(Requestor's Name)	
(Address)	9001614337
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/14/0901045007
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SECR TALLA
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORI	PORATION:	Privacy On Demand, In-	<u>c.</u>
DOCUMENT NU	JMBER:	P06000141420	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Scott Lyons	
	<u> </u>	Name of Contact Person	
	Priv	acy On Demand, Inc.	
		Firm/ Company	
	552 Ne	552 New England Court, #F102	
		Address	
		onte Springs, FL 32714 City/ State and Zip Code	<del></del>
	E-mail address: (to be use	vacyOnDemandInc.com ed for future annual report notification)	
For further inform	nation concerning this matter	, please call:	
	Scott Lyons	/	37-2261
Nam	e of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chec	ck for the following amount i	made payable to the Florida Depar	tment of State:
	☐ \$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 A	Address ent Section	Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

## **Articles of Amendment** to **Articles of Incorporation**

of

*FILED
OCT ,,
SECRETARY OF STATE
SEE, FLORIDA

Privacy On Demand, Inc.

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

P06000141420

(Document Number of Corporation (if known)

llowing

A. If amending name, enter the new name of the	-	
	V/A	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess	ignation "Corp," "Inc," or "Co". A pr	ofessional corporation
B. Enter new principal office address, if applica		rt, #F102
(Principal office address <u>MUST BE A STREET A</u>	<u>Altamonte Springs, FL</u>	<u>327</u> 14
		·-·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) 552 New England Cour	t, #F102
•	Altamonte Springs, FL	32714
D. If amending the registered agent and/or reginew registered agent and/or the new register		ne name of the
Name of New Registered Agent: Sc	ott Lyons	
55 <u>New Registered Office Address:</u>	2 New England Court, #F102 (Florida street address)	
Alt	amonte Springs	lorida 32714
	(City) (Zip Co.	

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>	Address	Type of Action
PCE	Robert White	512 Southern Hills Ct. Melbourne, FL 32940	☐ Add ☐ Remove
<u>C,P</u>	Scott L. Lyons *	552 New England Court, #F102 Altamonte Springs, FL 32714	✓ Add □ Remove
VP	Debra L. Lyons	552 New England Court, #F102 Altamonte Springs, FL 32714	☑ Add □ Remove
	* Amends Address and title of existing director.		
(attach a	ding or adding additional Articles, er	pecific)	
		from time to time only by written	agreement
signed by	Scott Lyons, but shall never be	less than one. The name and ac	dress of the
director is	: Scott L. Lyons, 552 New Engli	and Court, #F102, Altamonte Spr	ings FI
-		Lyons shall be the President. The	
		w England Court, #F102, Altamo	
		d by written agreement signed by	
027 14. 11	ie omeers may only be amended	a by writterragicernent signed by	Scott Lyons.
provisi	ons for implementing the amendmen of applicable, indicate N/A)	reclassification, or cancellation of iss t if not contained in the amendment i	
N/A	<u> </u>		
			<del></del>
	,		

The date of each amendmen	t(s) adoption: October 13, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
riective date <u>ir applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	70/13/09 Des D
sel	y a director, president or other office – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Scott Lyons
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)