

FROM : LAZARUS

FAX NO : 3052201440

AUG 17 2009 03:34PM F1

<https://file.sunbiz.org/scripts/filcovr.exe>

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H090001819123)))



H090001819123ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 17 AM 9:10

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CUSTOM PROTECTION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
2009 AUG 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amnd

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS
830-017-0381

FAX NO. : 3052201440
8/17/2009 3:02:03 PM PAGE

Aug. 17 2009 03:34PM P2
1/001 Fax Server



August 17, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CUSTOM PROTECTION SERVICES, INC.
2510 NW 97 AVE
100
MIAMI, FL 33172

SUBJECT: CUSTOM PROTECTION SERVICES, INC.
REF: PD6000154898

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If you are changing your registered agent, please indicate the name of the new registered agent in the space provided on the form.

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) 245-6892.

ina Roberts
Regulatory Specialist II

FAX Aud. #: H09000181912
Letter Number: 509A00027879

FROM : LAZARUS

FAX NO. : 3052201440

H09000181912

Articles of Amendment
to
Articles of Incorporation
of

Aug. 17 2009 03:34PM P3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 AUG 17 AM 9:11

CUSTOM PROTECTION SERVICES, INC.

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

P06000154898

(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**)

2501 NW 97TH AVENUE

SUITE #100

DORAL, FL 33172

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

2501 NW 97TH AVENUE

SUITE #100

DORAL, FL 33172

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:

JULIAN GONZALES

New Registered Office Address:

2501 NW 97 AVE #100

(Florida street address)

DORAL

(City)

Florida

(Zip Code)

33172

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

H09000181912

H09000181912

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>
<u>D</u>	<u>LAZARO MUELENER</u>	<u>3900 NW 79 AVE #559</u>	<input type="checkbox"/> Add
		<u>DORAL FL 33166</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>DPST</u>	<u>JULIAN GONZALES</u>	<u>2501 NW 97th AVE, STE 100</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL FL 33172</u>	<input type="checkbox"/> Remove

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

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)

H09000181912

FROM : LAZARUS

FAX NO. : 3852201440

Aug. 17 2009 03:34PM P5

H09000181912

The date of each amendment(s) adoption: JUNE 13, 2009
(date of adoption is required)

Effective date if applicable: JUNE 13, 2009
(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

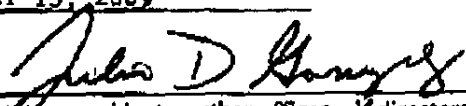
by _____"
(voting group)

☒ 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 AUGUST 13, 2009

Signature


(By a director, president or other officer - If directors 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)

JULIAN GONZALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

H09000181912