## P08000047498

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
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11 JUN 20 AH II: 50 SECRETARY OF STATE

Amend Thews 6-21-11

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	Direct Protective	Services, Inc
DOCUMENT NU	MBER:	P08000	047498
The enclosed Artic	cles of Amendment and fee	re submitted for filing.	
Please return all co	orrespondence concerning th	s matter to the following	ıg:
		Selma Pare	The state of the s
	ſ	ame of Contact Person	
	Direct	Protective Services, In	nc.
		Firm/ Company	
	**** · · · · · · · · · · · · · · · · ·	3345 Forrest DR	
		Address	
		llywood, FL 33021	
	Č	ty/ State and Zip Code	
	bostond E-mail address: (to be use	aze@hotmail.com	tification)
For further informa	ation concerning this matter,	please call:	·
	Selma Pare	at (954)	251-3086
Name	of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a checl	c for the following amount r	ade payable to the Flor	ida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is	Certificate of Status
Mailing Ac	idress	Street Address	
Amendment Section		Amendment Section	on
Division of Corporations		Division of Corpo	rations
P.O. Box 63	· <del>- ·</del>	Clifton Building	
Tallahassee	. FL 32314	2661 Executive Co	enter Circle

Tallahassee, FL 32301

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



VI	MALL ABLARY OF ALL
Direct Protective Services, Inc.	ALLAHASSEE FLORID
 (Name of Corporation as currently filed with the Florida Dept. of State)	
P08000047498	
(Document Number of Corporation (if known)	

	of the corporation:	
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pr	ne designation "Corp," "Inc,	" or "Co". A professional corporatio
Enter new principal office address, if ap principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:	Name of the last o	
New Registered Office Address:	(Florida street ad	ldress)
New Registered Office Address:	(Florida street ad	dress), Florida (Zip Code)

## 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	Michael Pappas	211 SW 3rd Street Hallandale, FL 33009-7305	☑ Add □ Remove
•			_
<del></del>			_ □ Add □ □ Remove
(attach a	dditional sheets, if necessary). (Be	e specific)	
provisi		ge, reclassification, or cancellation of is ent if not contained in the amendment	
Selma Pa	re, reclassification of shares-	51%	
Michael P	appas, classification of shares	s- 49%	
	1		

The date of each amendment(s) a	doption: June 10, 2011
	(date of adoption is required)
Effective date if applicable:	J. W. N. 15, Q-0 11
· (no	more than 90 days after amendment file date)
Adamstan a Channa da ang ang ang	(CMCCV ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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	"
(vot	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	une 10,2011
Signature	Jellin War
	rector, president or other officer – fedirectors or officers have not been
appointe	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
P.F	
Wireland	SE MA Part
	(Typed or printed name of person signing)
	PVP
_	(Title of person signing)