# P08000079804

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2009 HAR -9 AM 10: 24 SECRETARY OF STATE TALL AHASSEE, FLORIDA

### R. WILLIAM FUTCH, P.A. 610 S.E. 17<sup>TH</sup> STREET OCALA, FLORIDA 34471

R. William Futch Admitted in Florida and Texas Certified Circuit Civil Mediator Tel. No: (352) 732-8080 Fax No: (352) 732-8023

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Jon I. McGraw Admitted in Florida only

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March 5, 2009

#### VIA U.P.S.

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: NAME CHANGE FROM SECURITYONE VALUATION SERVICES, INC.

TO BARFIELD SECURITY VALUATION SERVICES, INC.

Dear Sir/Madam:

Please find enclosed the original Articles of Amendment to Articles of Incorporation in connection with the above referenced matter together with the Cover Letter.

I also enclose our check in the amount of \$35.00 representing the cost of filing this Amendment with your office.

If you would be so kind as to file this immediately upon receipt, as time is of the essence, I would be greatly appreciative. Once this Amendment has been filed with your office, please notify me via e-mail at <a href="mailto:rwfutchpa@aol.com">rwfutchpa@aol.com</a> so that I may advise my client that this Amendment has in fact been received by your office as well as being filed with your office.

In the interim, if you have any questions or comments, please do not hesitate to contact our offices. I thank you very much for your prompt attention to this matter.

# COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SECURIT	TYONE VALUATION SERVICES, INC.
DOCUMENT NUMBER: P0800007280	)4
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
R W FUTCH	
(Na	ame of Contact Person)
R WILLIAM FUTCH PA	
	(Firm/ Company)
610 SE 17TH STREET	
	(Address)
OCALA FL 34471	
·	ty/ State and Zip Code)
For further information concerning this mat	ter, please call:
R WILLIAM FUTCH	at ( <u>352</u> ) <u>732-8080</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	nt made payable to the Florida Department of State:
✓ \$35 Filing Fee Sertificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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



SECURITYONE VALUAT	TON SERVICES IN	C. LAHASSEE,
(Name of Corporation as currently filed		
P080000	172804	_
(Document Number of Cor		<del></del>
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	itutes, this <i>Florida Not For</i>	Profit Corporation adopt
A. If amending name, enter the new name of the corpo	ration:	
BARFIELD SECURITY VALUATION SER	VICES, INC.	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." <u>"Company" or "Co." ma</u>	word "corporation" or "in	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SS</u> )	
	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered o	office address in Florida e	ntar the name of the
new registered agent and/or the new registered office		itter the hame of the
Name of New Registered Agent:		
New Registered Office Address:	Florida street address)	
		, Florida
****	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
	am familiar with and acc	ent the obligations of th

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> Name Address Type of Action ☐ Add Remove \_\_\_\_\_ 🗖 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NONE

The date of each amendment(s) adoption: MARCH 4, 2009		
Effective date if applicable:	MARCH 4, 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_MA	RCH 4, 2009	
Signature _	The state of the s	
(B)	the chairman of vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	TODD L. BARFIELD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	