P09000009141

(Re	equestor's Name)	
(Ad	ldress)	
	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	[‡])
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

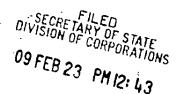
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PGO GU	vard Industries,	Inc.
DOCUMENT NUMBER: PO9000	009141	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Losi Wasson (Name of C	Contact Person)	
ProGUARD Industry	Company)	
300 A. Segboged	AVQ,	
Vonice, FL 342 (City/State	Sand Zip Code)	
For further information concerning this matter, ple	ease call:	
(Name of Contact Person) Enclosed is a check for the following amount made	(Area Code & Daytime Tele	ephone Number)
\$35 Filing Fee \$\times 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

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



(Document N	umber of Corporation	on (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc		es, this <i>Florida Profi</i>	t Corporation adopts the
A. If amending name, enter the new name Problem RD Industries The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A." B. Enter new principal office address, if a (Principal office address MUST BE A STRE	and contain the ," "Inc.," or Co., ame must contain pplicable:	NO Space in word "corporation," or the designation	"Corp," "Inc," or
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF)</u>	ole:	N)A	
D. If amending the registered agent and/o new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	(Florie	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.	red agent. I am j		
	- signature oj new .	Registerea Agent, IJ Ch	ungng

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
	- N/A		Add Remove
<u> </u>			Add Remove
			Add Remove
(attach additie	onal sheets, if necessary). (E	Se specific)	
<u>provisions f</u>	dment provides for an exchange for implementing the amenda applicable, indicate N/A)	nge, reclassification, or cancella ment if not contained in the am	tion of issued shares, endment itself:

The date of each amendment(s) adoption: $2 - 19 - 09$
Effective date if applicable: (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)
(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 $\frac{2-18-09}{}$
Signature & Signat
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CTyped or printed name of person signing)
Scoretary Treasurer