

PO9000009583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

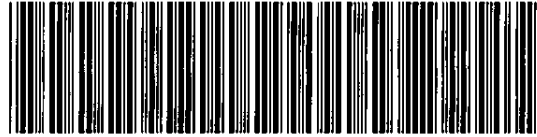
(Business Entity Name)

(Document Number)

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03/12/09--01027--004 \*\*35.00

FILED  
09 APR -9 PM12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
4/19/09

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Hudson Protection Group Inc.

DOCUMENT NUMBER: P09000009583

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hudson  
(Name of Contact Person)

Hudson Protection Group Inc.  
(Firm/ Company)

6600 N.W. 27<sup>th</sup> Ave Suite 109  
(Address)

Miami, FL 33047  
(City/ State and Zip Code)

For further information concerning this matter, please call: 305-694-9130

Michael Hudson at ( 786 ) 586-0413  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2009

MICHAEL HUDSON  
HUDSON PROTECTION GROUP INC.  
6600 NW 27TH AVE., STE 109  
MIAMI, FL 33147

SUBJECT: HUDSON PROTECTION GROUP INC.  
Ref. Number: P09000009583

We have received your document for HUDSON PROTECTION GROUP INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

As I have previously stated, you need to complete the correct form for this amendment filing you are trying to do. You need the form for a profit corporation which I am sending to you to complete and return with a copy of this letter.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 709A00008992



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1  
March 17, 2009

MICHAEL HUDSON  
HUDSON PROTECTION GROUP INC.  
6600 NW 27TH AVE., STE 109  
MIAMI, FL 33147

SUBJECT: HUDSON PROTECTION GROUP INC.  
Ref. Number: P09000009583

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If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 709A00008992

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

09 APR -9 PM 12: 01

Hudson Protection Group Inc

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PD9000009583

(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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**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.*

Michael Hudson

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>	<u>Address</u>	<u>Type of Action</u>
<u>VPS</u>	<u>Cornelius Craft</u>	<u>6600 N.W. 27<sup>th</sup> Ave</u> <u>Suite 109</u> <u>Miami, FL 33147</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Michael Sands</u>	<u>6600 N.W. 27<sup>th</sup> Ave</u> <u>Suite 109</u> <u>Miami, FL 33147</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: 3/04/09

Effective date if applicable: 03/04/09  
(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 04/04/09

Signature Michael Hudson  
(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)

Michael Hudson  
(Typed or printed name of person signing)

President/Ceo  
(Title of person signing)