PO900048918

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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CHE JARY OF STAFE
AHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Protection One	, Inc.
DOCUMENT NU	JMBER:	P 0900004	8918
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning thi	matter to the following:	
		Bernd J. Drier	
	N	me of Contact Person	
		National Brace	
		Firm/ Company	
		Medalist Circle	
		Address	
· · · · · · · · · · · · · · · · · · ·		. M. M. El (2) 00047	••
		a West, Florida 33947 ty/ State and Zip Code	····
	C	ty/ State and Zip Code	
	drier1	@comcast.net	
	E-mail address: (to be use	for future annual report notific	cation)
For further inform	ation concerning this matter,	olease call:	
	Bernie Drier	at (941)	416-1862
Name	e of Contact Person	Area Code & Day	416-1862 time Telephone Number
Enclosed is a chec	k for the following amount n	ade 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 end	Status Closed) \$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddress	Street Address	
Amendment Section		Amendment Section	•
Division of Corporations		Division of Corporati	ions
P.O. Box 6327		Clifton Building	
Tallahassee FI 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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ntly filed with the Florida Dep	t. of State) TAPLE ARE TARK OF
000048918	t. of State) SECRE TARY OF STA
ber of Corporation (if known)	
, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the follo
the corporation:	
al Brace Corp.	The new
designation "Corp," "Inc," or fessional association," or the ab	"Co". A professional corporation
CE BOX	

egistered office address in Flor tered office address:	ida, enter the name of the
	
(Florida street addres	s)
	, Florida
(City)	(Zip Code)
n <mark>g Registered Agent:</mark> gent. I am familiar with and ac	and the ablications of the marketing
	ber of Corporation (if known) , Florida Statutes, this Florida the corporation: al Brace Corp. he word "corporation," "comdesignation "Corp," "Inc," or fessional association," or the all icable: [FADDRESS] CE BOX CE BOX (Florida street address: (Florida street address (City)

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>	Address	Type of Action
			☐ Add ☐ Remove
 			☐ Add☐ Remove
			☐ Add ☐ Remove
	nding or adding additional Art additional sheets, if necessary).		
provis		change, reclassification, or cancellatendment if not contained in the ame	

The date of each amendmen	t(s) adoption: November 2, 2009
Effective date <u>if applicable</u> :	November 2, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Nov	rember 2, 2009
sele	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Bernd J. Drier
	(Typed or printed name of person signing)
	Corporate Officer
	(Title of person signin'g)