

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000081323

FILED
Mar 07, 2012
Secretary of State

Entity Name: LOYAL PROTECTIVE SERVICES INC.

Current Principal Place of Business:

4090 HODGES BLVD., STE 3508
JACKSONVILLE, FL 32224

New Principal Place of Business:

4090 HODGES BLVD., STE 3508
JACKSONVILLE, FL 32224 UN

Current Mailing Address:

4090 HODGES BLVD., STE 3508
JACKSONVILLE, FL 32224

New Mailing Address:

4090 HODGES BLVD., STE 3508
JACKSONVILLE, FL 32224 US

FEI Number: 27-1025397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOYAL, MELVIN D SR
311 W ASHLEY ST
406
JACKSONVILLE, FL FL US

Name and Address of New Registered Agent:

LOYAL, MELVIN D SR
4090 HODGES BLVD APT. 3508
JACKSONVILLE, FL FL US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELVIN D LOYAL SR

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LOYAL, MELVIN D SR
Address: 4090 HODGES BLVD., STE 3508
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: COO
Name: CLINKSCALE, KALEEA D
Address: P O 1869
City-St-Zip: MIDDLEBURG, FL 32050 US

Title: CFO
Name: LOYAL, MARY L
Address: 4080 HODGES BLVD APT.3508
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY L LOYAL

CFO

03/07/2012

Electronic Signature of Signing Officer or Director

Date