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SECRETARY OF STATI

MAR 2 0 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FREEDOM PROTECTIVE TRAINING CENTER, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES CLAIR SAINT Name of Contact Person Freedom Le GAL Prose & Multiservices, INC Firm/ Company
Freedom Le GAL Prose & Multiservices, INC
218 W. Mi ChiGAN Street Ste. A
OY/ando F/ 32806 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Clair SainT at (407) 545-0/74 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

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

FREEDOM PROTECTIVE	TRAINING CENTER, INC.
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P//00007562.	5
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FREE SOM LE GAL PROSE MUL name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	218 W. MiChiGANSTREET Ste. A ORIANDO, FL 32800
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS Above
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	
New Registered Office Address: City Part Par	Michi GAN STREET Ste. A. et address) , Florida 32806 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am fumiliar w Signature of New Registered Agent.	
Signature by new negistered by	Som, y 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add Remove	_V)	P MoisE Achile	5912 Judy dee DR. OPlando FL 32808
2)ChangeAddRemove	₽P	Ludwie Clair-Sain	1 218 W. Michi GAN St. ste. A ORIZNOO, FL 326
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary). (Be specific)	
This business is designed to help Prose	,
This business is Designed To help Prose LITI GANTS With Legal Do cuments preparation Translation of Do cuments, Tax preparation and other multi Services related	- 24/
TRANSlation of Documents. TAX brehazati	
and other multi Services Related	,,,,
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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)	
(if not applicable, indicate N/A) N/A	
/	

The date of each amendment(s) ac	loption: <u>03/13</u>	/20/2
Effective date <u>if applicable</u> :	0.3/13	12012
	(no more man 90 day)	s after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su		ber of votes cast for the amendment(s)
	proved by the shareholders through very each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were suff	ficient for approval
by		.,,
	(voting group)	
action was not required.	pted by the board of directors without sl	out shareholder action and shareholder
Dated	03/13/2012	
Signature	fund	
selected		f directors or officers have not been ds of a receiver, trustee, or other court
	JAME	S CLAIR-SAINT
	(Typed or printed name	or person signing)
	(Title of person signi	ng)