## P11000091090

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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Saint Prote	ctive Services Enterprise. IVC
DOCUMENT NUMBER: P11000091090	·
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
John Allan Co Name of	Contact Person
Saint Protective Ser	vices Enterprise TNC  / Company
4158 Tamiami Trail	· Unit K-4 Address
Part Charlotte FL City/Sta	33952 te and Zip Code
So interestion a you E-mail address: (to be used for	hua. Com future annual report notification)
For further information concerning this matter, please call	· · · · · · · · · · · · · · · · · · ·
John Allan Carey Name of Contact Person	at (941 ) ZZ3-623Z  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	
Certificate of Status CA	i3.75 Filing Fee & Status certified Copy dditional copy is colosed)  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 A	
, to Articles of In	
, A oi	vices Enterprise Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State)
P 11000091090	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida State amendment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
The new name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation "contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	4158 Tamiami Trail unit K-4
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Portcharlotte FL 33952
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 new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ldress:
Name of New Registered Agent: John Allan	1 Carey
4158 Tamie	mi Trail unit K-4 ida street address)
New Registered Office Address: Port Charlo	#e
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
<b>Si</b> gnature of New Registe	ered Agent, if changing

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	<u>.</u>	<u>Name</u>	A	ddress
1)	ن	Tohn Allan Carey	- <u>4</u> <u>P</u>	158 Tamiami Trail unit K-4 ort Charlotle FL 3395Z
2)	-			
3)	-		-	
4)	_		- -	
5)			- - <u>-</u>	
6)	_			
If REMOVIN	G an officer	and/or director, please list the t	itle(s) and n	ame of the officer/director to be removed;
Title(s)	<u>Name</u>		Title(s)	Name
1) <u>p</u>	Donna	M Carey	4)	<del></del>
2)		· · · · · · · · · · · · · · · · · · ·	5)	
3)			6	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
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	t provides for an exchange, reclassification, or cancellation of issued shares, uplementing the amendment if not contained in the amendment itself:
	tble, indicate N/A)
··· · · · · · · · · · · · · · · · · ·	N/A
	Martinian from the formation for the state of the state o
The date of each ame	endment(s) adoption:
Pffactive data if appli	imble.
ritective date il appli	(no more than 90 days after amendment file date)
	(no more than 20 ways after amenament file water
doption of Amendm	nent(s) ( <u>CHECK ONE</u> )
The amondment(s)	was house a deated by the should like The work of Control of Contr
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.
oy are smartholder.	was were sufficient for approvas.
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):
67Th a	affine the sent for the sense described ( ) ( ) ( )
	of votes cast for the amendment(s) was/were sufficient for approval
bv	<i>N/</i> A "
- <del> </del>	(voting group)
_	
	was/were adopted by the board of directors without shareholder action and shareholder
action was not requi	ired.
The amendment(s)	was/were adopted by the incorporators without shareholder action and shareholder
action was not requi	
	•••
Data	d_///29///
Date	<u> </u>
G!	
Signa	(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)
	·,
	John Allan Caral
	Tohn Allan Corey (Typed or printed name of person signing)
	(1) had or brimed insure or heraou signing)
	Pracidant
	President (Title of person signing)