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2012 JUL 30 PH 4: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DDR 8/11/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	On Guard R: P120000639		nagers, Inc.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	,
Please return all correspondent	ondence concerning this ma	tter to the following:	
j	ason Ronca		
<del></del>		Name of Contact Persor	1
- 5	529 Skinner Bl	Firm/ Company	
	Ounedin, FL 3	Address	
	Julieum, i E J	City/ State and Zip Code	
Jay	@Onguardins.	com	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jason Ronc	a	at(813	245-2675
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations tox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILEL

2012 JUL 30 PM 4: 44

On Guard Program Ma	anagers, Inc		SECRETARY OF	<b>4,44</b> 27870
(Name of Corporation as cu		<del></del>	TALLAHASSEE FL	ORIDA
P12000063980			·	
(Document N	Number of Corporation (	if known)	•	<b>-</b>
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corpora	ation adopts the followin	g amendment(s) t
A. If amending name, enter the new name	e of the corporation:			
OnGuard Program Ma				_The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association	on "Corp," "Inc," or '	'Co". A professional c	ncorporated" or the a corporation name must	bbreviation contain the
B. Enter new principal office address, if a	annlicable:	529 Skinner Blvd, Apt F		
(Principal office address MUST BE A STREET ADDRESS)		Dunedin, FL 34698		<del>-</del>
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 2576		
		Dunedin, FL	34697-2576	_
				_
D. If amending the registered agent and/o new registered agent and/or the new r			he name of the	
	ason Ronca	<u>3.</u>		
Name of New Registered Agent	···	Dlyd Ant E	<del></del>	
<u>-</u>	529 Skinner I	reet address)		
Г	Dunedin	•	34698	
New Registered Office Address:	(City)	, I	Florida 34698 (Zip Code)	-
	(4)			
New Registered Agent's Signature, if cha			inations of the position	
I hereby accept the appointment as registere	ea ageni. 🔟 ayı jamınar	wun апа ассері ine ooi	iganons of the position.	

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)

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.

X Change	<u>PT</u> John I	<u>Doe</u>	
X Remove	V Mike.	Jones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP,D	Derek Carney	6938 W. Linebaugh Ave
Add			Suite 102
X Remove			Tampa, FL 33625
2) Change	S,D	Jan-Michael Carney	6938 W. Linebaugh Ave
Add			Suite 102
X Remove			Tampa, FL 33625
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: U//25/12		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	
Dated	2/0012 En Vara-	
Signature	Esa Karo-	
(By a direct	tor, president or other officer - if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court	
appointed i	fiduciary by that fiduciary)	
Ja	ason Ronca	
	(Typed or printed name of person signing)	
Pi	resident	
	(Title of person signing)	