P130000 19277

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SECRETARY OF STATE
TOULD AHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	McCray Globa	al Protection Corp.	
DOCUMENT NUMI	P13000019277		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Tracey McCray		
		Name of Contact Persor	1
	McCray Global Protection	ction Corp.	
		Firm/ Company	
	3746 Madeira Court		
		Address	
	Naples, FL 34119		
		City/ State and Zip Code	2
ope	rations@mccraygp.co	m	
_ <u>- · -</u>	- -	sed for future annual report	notification)
		·	·
For further information	n concerning this matter, pleas	se call:	
Craig McCray		917	510-2056
	of Contact Person	at (at (de & Daytime Telephone Number
Name	of Contact Person	Alea Co	de & Daytinie Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	©852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

(<u>Name o</u>	f Corporation as currently fi	led with the Florida Dep	t. of State)		
P13000019277					
	(Document Number of Co	rporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the follow	ing amer	ndment(s) to
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "Co	'. A professional corpor		abbrevio	
B. Enter new principal office address, i (Principal office address <u>MUST BE A S</u>				2019 DEC	7=7=1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AHASSEE, FL	ξ,	
D. If amending the registered agent annew registered agent and/or the new		in Florida, enter the nar	ne of the		
Name of New Registered Agent	Northwest Registered	Agent LLC			
	7901 4th St N STE 30	0			
	(Florida street d	nddress)	•	_	
New Registered Office Address:	St. Petersburg		, Florida <u>337</u>		
	(Cit	v)	(Z	ip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		and accept the obligation	s of the position	7.	

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.

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>	Address
1) Change	Р	Craig S McCray	3746 Madeira Court
Add			Naples, FL 34119
Remove			
2) Change	Р	Tracey McCray	3746 Madeira Court
Add			Naples, FL 34119
Remove			
3) Change			2-2
Add			SECTION AND THE SECTION OF THE SECTI
Remove			
4) Change			n e pass
Add			STATE C
Remove			mi +
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation or provisions for implementing the amendment if not contained in the amendment	
(if not applicable, indicate N/A)	
\ (\times)	
6 /	
,	
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	.n •••
The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of "The number of votes cast for the amendment(s) was/were sufficient for a	ps. The following statement?
"The number of votes cast for the amendment(s) was/were sufficient for ap	pproval AHASSEE
by	
(voting group)	SEMENT STATE
The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	Ider action and shareholder 🛱 👼
The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
Dated 12/3/2019	
Signature They May	
(By a director, president or other officer – Leirectors of selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	
Tracey McCray	
(Typed or printed name of person si	igning)
President	
(Title of person signing	(1)