# P13000050050

(Re	equestor's Name)	<del> </del>
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
griffer	Office <sup>(</sup> Use On	



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09/10/14--01011--023 \*\*\*30.00

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14 OCT In PM 3: 38

Anund 10.10.14

#### **COVER LETTER**

NAME OF CORPORATION: Stonebridge ASSET Protection Servi DOCUMENT NUMBER: P130000 500 56
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Courtney walter  Name of Contact Person  Stone bridge Asset Protection Services  Firm/ Company  1600 S. Frderal Highway Sto 751  Address  Pompano Beach, FL 33042  City/ State and Zip Code  Courtney a Assecollections. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney walter at (954) 532.0607  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 U\$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)

### Mailing Address

TO: Amendment Section

Division of Corporations

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2014

COURTNEY WALTER 1600 S. FEDERAL HWY STE. 751 POMPANO BEACH, FL 33062

SUBJECT: STONEBRIDGE ASSET PROTECTION SERVICES INC.

Ref. Number: P13000050056

We have received your document for STONEBRIDGE ASSET PROTECTION SERVICES INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 614A00020832

RECEIVED 14 OCT -9 PM 1:55



September 17, 2014

COURTNEY WALTER STONEBRIDGE ASSET PROTECTION SERVICES 1600 S. FEDERAL HWY - STE. 751 POMPANO BEACH, FL 33062

SUBJECT: STONEBRIDGE ASSET PROTECTION SERVICES INC.

Ref. Number: P13000050056

We have received your document for STONEBRIDGE ASSET PROTECTION SERVICES INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 214A00019949

## **Articles of Amendment** to Articles of Incorporation of

Stonebridge As	set Pro	otection	Servi	ces INC
(Name of Corporation as currently filed		ept. of State)		-
413000050	056			
(Document Number of Co	orporation (if known)			-
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida I</i>	Profit Corporation ad	opts the followir	ng amendment(s) to
A. If amending name, enter the new name of the corp	oration:			
				_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A	npany," or "incorpo professional corpora	rated" or the a tion name must	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)			<del>-</del>
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>	_
			<del></del>	- <del> </del>
•	<del></del>			- 3 鐵木
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		orida, enter the nam	e of the	石學
Name of New Registered Agent				4 S
	(Florida street addre.	(25)		
	(1 to that sit cet address	,		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
New Registered Agent's Signature, if changing Regist				
I hereby accept the appointment as registered agent. I d	am familiar with and	accept the obligations	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.

Example: X Change	<u>PT</u>	John D	oe	
X Remove				
	<u>V</u>	Mike Jo		
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Jodi Movosel	1600 S. Federal Hwy Fompero Beach, FC
Add				Pompero Beach, FC
Remove				33062
2) Change	Dic	_	Bernie Walter	1600 S. Frederal Huy
Add				1600 S. Frederal Hury 5k751 Pomparo Brach, FL 33062
Remove				
3) Change	P	_	Jennifer Walter	1600 S. Federal Huy Pompas Beach, FL
Add	to+	ÓFO	- <del></del>	Pomparo Beach St 151
Remove	`		,	33062
4) Change	<u>C00</u>	<u>)</u>	Pamela Novosel	Pomparo Brach, 3751
Add				pomparo Brach, 751
Remove				FL 33062
5) Change				
Add		<del></del>	<del></del>	
Remove				
Remove				
6) Change		_		<del></del>
Add				<del> </del>
Remove				

amending or adding additional Automation and tack additional sheets, if necessary)	). (Be specific)
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an amendment provides for an ex rovisions for implementing the an (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, i	f other than the
Effective date if applicable:		
(no more than	90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval	
by		
(voting group)		
The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators wi action was not required.	ithout shareholder action and shareholder	
Dated10 6 2014		
Signature (Byla director, president or other of	ficer – if directors or officers have not been	
	the hands of a receiver, trustee, or other court	
Jennifer	r printed name of person signing)	
(Typed or	r printed name of person signing)	
	(+(P)	
Τ)	Title of person signing)	