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SECRETARY OF STATE
SALI AMASSEE FLORID

OCT 21 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: State Protection Inc.					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Angel Rodriguez Name of Contact Person 7900 NW 27 AVE # 602A Firm/Company Address Migmi F1 33147 City/State and Zip Code Rodriguezma 2001 Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Argurodriquez at 786 203-8643 Name of Contact Person at 786 203-8643 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of A	mendment
to	The Control of the Co
Articles of In	min now
State Profection	DO I GOT II AN 8: 24
(Name of Corporation as currently filed with the I	Florida Dept. of State) ALL AHACCET DE ABOUT
P13000062177	- CORLA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	"Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable:	7900 NW 27AUC
(Principal office address MUST BE A STREET ADDRESS)	H(0,00) 1
	4002H
	Miani, F133147
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	4 A
	- NA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
16 M 14 Kiziesen alem aummat inte nem 14 Kiziesen autre ummtez	<u>s.</u>
Name of New Registered Agent	
WIA	
(Flavida et	reet address)
1 to min 31	
New Registered Office Address:	, Florida
(City)) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
▲ ¥	1 4
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.

Enamels.	, una sui	ty Smun, i	or us an Aua.		
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	11	
X Remove	<u>v</u>	Mike Jo	nes	NA	
X Add	<u>sv</u>	Sally Sn	nith	1 • (
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add Remove					
2) Change					
Add					
Remove					<u></u>
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

*		
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an amendment j	provides for an exchange, reclassification, or cancellation o	fissued shares,
provisions for int	plementing the amendment if not contained in the amendm ble, indicate N/A)	ent itself:
(y riot approa		
	N/IA	
	N P	
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 10/8//3	, if other than the
date this document was signed.	,
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 number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_1018 13	
Signature Core According to the Core (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)	
Angel Rodriguez (Typed or printed name of person signing)	
President	
(Title of person signing)	