P140000 78719

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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DIVISION OF CORPORATIONS

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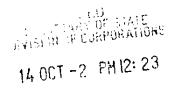
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LSG & P PROJECTION SERVICES			
DOCUMENT NUMBER	ts		
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspor	dence concerning this ma	tter to the following:	
	rannette L SG &P Pm 410 NW 7∂ Nami, Fl	Name of Contact Person Serial Company State and Zip Code	rices 3
<u></u>	E-mail address: (to be us	ed for future ahnual report	notification)
For further information co	ncerning this matter, pleas	e call:	
Frannette Name of C	Laner ontact Person	at (<u>56)</u> Area Co) 598-3764 de & Daytime Telephone Number
Enclosed is a check for the	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)	A\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing	Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Fl	orida Dept. of State)
LSG&P Protective Servin	ces Corp P14000078719
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts the following amendment(s) to
tts Articles of meorpolation.	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C	Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "I	P.A. "
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
N CN Dariston d A	
Name of New Registered Agent	
·	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, 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)

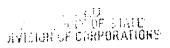
Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	SV Sail	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	1P	PL Jackson	1410NW 728+ #203
Add			Miani, F13314)
Remove			
2) Change	<u></u>		
Add			****
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional A ttach additional sheets, if necessary). (Be specific)			
		W	•	
	·			
an amendment provides for an exprovisions for implementing the an	mendment if not co	ation, or cancellation ntained in the amen	n of issued shares, Iment itself:	
(if not applicable, indicate N/A)				
	•			
			 	



date this document was signed.	14 OCT -2 PM 12: 23 If other than to
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 sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 10 - 0	1-14
Signature _ (/) M	LATTE Am
(By/a directo	r, president or other officer – if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Fr	annette Lanier
	(Typed or printed name of person signing)
	wher of husiness
	(Title of person signing)