

P08000070804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

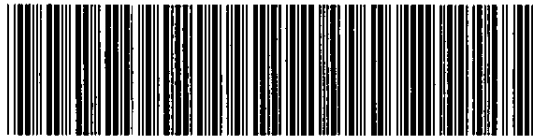
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2009 MAR -9 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**R. WILLIAM FUTCH, P.A.  
610 S.E. 17<sup>TH</sup> STREET  
OCALA, FLORIDA 34471**

**R. William Futch  
Admitted in Florida and Texas  
Certified Circuit Civil Mediator**

**Tel. No: (352) 732-8080  
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**Jon I. McGraw  
Admitted in Florida only**

**E-mail address: [jmcgrawlaw@aol.com](mailto:jmcgrawlaw@aol.com)**

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March 5, 2009

**VIA U.P.S.**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: NAME CHANGE FROM SECURITYONE VALUATION SERVICES, INC.  
TO BARFIELD SECURITY VALUATION SERVICES, INC.

Dear Sir/Madam:

Please find enclosed the original Articles of Amendment to Articles of Incorporation in connection with the above referenced matter together with the Cover Letter.

I also enclose our check in the amount of \$35.00 representing the cost of filing this Amendment with your office.

If you would be so kind as to file this immediately upon receipt, as time is of the essence, I would be greatly appreciative. Once this Amendment has been filed with your office, please notify me via e-mail at [rwfutchpa@aol.com](mailto:rwfutchpa@aol.com) so that I may advise my client that this Amendment has in fact been received by your office as well as being filed with your office.

In the interim, if you have any questions or comments, please do not hesitate to contact our offices. I thank you very much for your prompt attention to this matter.



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SECURITYONE VALUATION SERVICES, INC.

**DOCUMENT NUMBER:** P08000072804

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

R W FUTCH  
(Name of Contact Person)

R WILLIAM FUTCH PA  
(Firm/ Company)

610 SE 17TH STREET  
(Address)

OCALA FL 34471  
(City/ State and Zip Code)

For further information concerning this matter, please call:

R WILLIAM FUTCH at ( 352 ) 732-8080  
(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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2009 MAR -9 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECURITYONE VALUATION SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000072804

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

BARFIELD SECURITY VALUATION SERVICES, INC.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:*

\_\_\_\_\_

*New Registered Office Address:*

\_\_\_\_\_ (Florida street 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 with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*



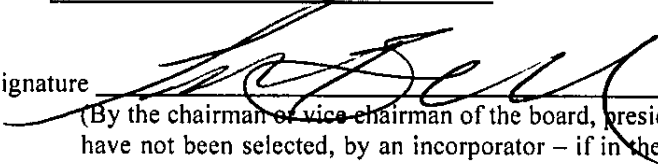
The date of each amendment(s) adoption: MARCH 4, 2009

Effective date if applicable: MARCH 4, 2009  
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated MARCH 4, 2009

Signature   
*(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)*

TODD L. BARFIELD  
*(Typed or printed name of person signing)*

PRESIDENT  
*(Title of person signing)*