## P21000094401

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(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PREMIER PROTE	CTION EQUIPMENT INC.
DOCUMENT NUMBE	ER:P21000094401	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.
Please return all corresp	ondence concerning this mat	ter to the following:
		NANCY B MERCED
_	Name of Contact Person	
	Pr	emier Protection Equipment Inc.
_		Firm/ Company
4417 13th St Ste 153		
Address		
Saint Cloud, FL 24769		
_		City/ State and Zip Code
		nancybmerced@gmail.com
_	E-mail address: (to be us	ed for future annual report notification)
For further information	concerning this matter, pleas	e call:
NANCY	B MERCED	at ( 407 319-8384
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address adment Section and of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PREMIER PROTECTION EQUIPMENT INC.

(Name of C	orporation as currently	filed with the Florida De	pt. of State)	
P21000094	<b>14</b> 01			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	Florida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name PREMIER PROTECTIVE				The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or	o," "Inc," or "Co". A			
B. Enter new principal office address, if a	pplicable:	4417 13th ST STE 153		
(Principal office address <u>MUST BE A STRI</u>		SAINT CLOUD, FL 347	769-6724	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new remains of New Registered Agent	FICE BOX) or registered office addr		ame of the	
Thank of New Negarica Agent	5500 MARBLE CT			
<del></del>	(Florida stre	vet address)		a
New Registered Office Address:	SAINT CLOUD		, Florida	<b>8</b> 524
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	nging Registered Agent: d agent. I am familiar w	(City) rith and accept the obligation	ons of the position.	3de) :- TD 3:10
	Signature of New Re	egistered Agent, if changing		•
Check if applicable  The amendment(s) is/are being filed pursu	uant to s. 607.0120 (11) (	e), F.S.		

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
		•
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<u> </u>		
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an amendment provides for an excharge the ame or ovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this doartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes east for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statements voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
selected	estor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other count fiduciary by that fiduciary)	
	NANCY B MERCED	
•	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
-	(Title of person signing)	

. . .