# DIVIS M040000000131

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000013 Phone : (850)222-1(-92

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* The

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LIFESAFER SERVICE PROVIDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 26 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Life Safer Service P	avidins, LLC.
Name of Foreign Limited Lial	pility Company
Dear Sir or Madam:	,
The enclosed application, certificate and fee(s) are submitted	for filin <u>r</u> .
Please return all correspondence concerning this matter to the	following:
Glenn Kermes	
Name of Person	_
LifeSater Holdings, Inc	38C 38L
Firm/Company	
1408 Hudson Ave	AUG 25 M 9: 1 AHASSEE, FLORIU
Address	
Cincinnati OH 45212	S S S
City/State and Zip Code	Din Co
g Kermes & lifesafer.com	
E-mail address: (to be used for future annual report notifica	tion)
For further information concerning this matter, please call:	-2- 110
Glenn Kermes Brown Arr Sol	651-9560 XII8
Name of Person. Area Code	& Daytime Telephone Number
STREET/COURIER ADDRESS:	MAN INC ADDRESS.
Registration Section	MAD_ING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Flox 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahussee, Piorida 32314
Enclosed is a check for the following amount:	
S25 Filing Fee S30 Filing Fee & S55 Filing Certificate of Status Certified	·

FIQ07 - 05/04/2009 C T System Calline

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: LifeSufer Service Providers, LLC	
2.	Jurisdiction of its organization: Kentucky	
3.	Date authorized to do business in Florida: 2/02/2004	
	SECTION II (4-7 complete only the applicable changes)	
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? O8117(1)  New name of the limited liability company:	/ Filez
5.	New name of the limited liability company:  (must end with "Limited Liability Company," "L.L.C.," or "LLC.")	AUG 25
È) th		£ 9: 3;
6.	If the amendment changes the period of duration, Indicate new period of duration:	user.
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member or the authorized representative of a member  Glenn Kennes	
	Typed or printed name of signee	
	-Ahan famina an ArBinan	

Filing Fee: \$25.00



## Elaine N. Walker Secretary of State

#### Certificate

I, Elaine N. Walker, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custo:ly as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

LIPESAFER SERVICE PROVIDERS, LLC CHANGING NAMIL TO #1 A LIFESAFER OF FLORIDA LLC. FILED AUGUST 23, 2011.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of August, 2011.

Blaine N. Walker Secretary of State

Commonwealth of Kentucký mmoore/04/2591 - Circlificate ID: 117131

W. Waller