I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: LINDA MEMBRIVES PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 453517

Entity Name: A A FIRE EQUIPMENT CO.

Current Principal Place of Business:

480 N.E. 159 ST. NORTH MIAMI BCH, FL 33162

Current Mailing Address:

480 N.E. 159 ST. NORTH MIAMI BCH. FL 33162 US

FEI Number: 59-1534136

Name and Address of Current Registered Agent:

MEMBRIVES, J P 480 NE 159 STREET NORTH MIAMI BCH, FL 33162 US FILED

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	ST
Name	MEMBRIVES, L J	Name	MEMBRIVES, J P
Address	480 NE 159 STREET	Address	480 NE 159 STREET
City-State-Zip:	NORTH MIAMI BCH FL 33162	City-State-Zip:	NORTH MIAMI BCH FL 33162

05/04/2015

Date

Date