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(Re	equestor's Name)	<u> </u>
(Ad	ddress)	
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nan	ne)
(50	omess Emily Hum	ne,
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: W.W. Gay Fire Pro	otection, Inc.	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Doug Mathies		
		Name of Contact Person	
	W. W. Gay Fire Protection, I	nc.	
		Firm/ Company	
	2251 Rosselle ST		
		Address	
	Jacksonville, FL 32204		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	dmathics@sciensbuildingsolt	utions.com	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Ashley Nichols		at (518-2384
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis Articles of Incorporation</i> :	orida Profit Corporation adopts the following	llowing amendmen	nt(s) to
X. If amending name, enter the new name of the corporation:			
, -		The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		eviation "Corp.,"	77
K. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
(Francipal typice address SIOST BE A STREE (ADDRESS) (Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX) (If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	SSEE, LERIEA	ED
(Florida stree	i address)		
New Registered Office Address:	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi			
Signature of New Reg	gistered Agent, if changing		

☐ The amendment(s) is/are being filed pursuant 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.

Example: X Change <u>PT</u> John Doe X Remove $\underline{\mathbf{v}}$ Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Address 5 <u>Name</u> (Check One) 2251 Rosselle St, Jacksonville, FL Presiden Paryani, Nandlal B 1) X Change 32204 ____ Add __ Remove Division Manager - Molinaro, Donna 2251 Rosselle St, Jacksonville, FL 2) X Change 32204 ____ Add __ Remove Division Manager - Kesslar, Charles 522 Stockton St, Jacksonville, FL 3) ____ Change 32204 ____ Add Remove Associate GM- Bloom, Richard 2251 Rosselle St, Jacksonville, FL 4) X Change 32204 ____ Add ____ Remove 2251 Rosselle St, Jacksonville, FL Senior Operations Manager 5) ____ Change Mathies, Doug 32204 __ Add __ Remove 6) ____ Change ___ Add Remove

(Attach additional sheets, if n	(170 0	pecyte				
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If an amendment provides provisions for implementing	ng the amend <u>men</u>	<u>it if not contai</u> i	ned in the amend	ment itself:		
(if not applicable, indic	ate N/A)					
					<u>.</u>	_
					<u></u>	
-						

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amen flicient for approval.	
must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s) for the amendment(s) was/were sufficient for approval	7 JUN -3
by	(voting group)	E R
5/26/2022 Dated		PH 3: 16
Signature		
selecte	rector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary)	
	Timothy Tickle	
	(Typed or printed name of person signing)	
	General Manager	
	(Title of person signing)	