G6201

(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	<u></u>
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Docum	nent Number)	
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R. WHITE DEC 0 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations O.

NAME OF COR	PORATION: Interstate Fire Sys	stems, Inc.	
	UMBER: G66201		
	icles of Amendment and fee are s	ubmitted for filing.	
Please return all o	correspondence concerning this ma	atter to the following:	
	Michael Wester		
		Name of Contact Persor	1
	Wester Fire Systems, Inc.		
		Firm/ Company	
	10030 Moccasin Gap Road		
		Address	
	Tallahassee, FL 32309		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
r	nike@interstatefiresystems.com		
_	= -	sed for future annual report	notification)
	nation concerning this matter, plea	ase call:	270-9870
N	ame of Contact Person		de & Daytime Telephone Number
	ck for the following amount made		•
S35 Filing Fe	ee ☐\$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 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

2015 LT 1-6 FT 12: 56

		-50 1 12: 56
(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)
G66201		
	(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new n	ame of the corporation:	
Vester Fire Systems, Inc.		The new
ame must be distinguishable and contair Inc.," or Co.," or the designation "(chartered," "professional association,	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
Enter new principal office address,	if annlicable:	10030 Moccasin Gap Road
Principal office address MUST BE A S		Tailahassee, FL 32309
C. Enter new mailing address, if appl	icable:	
		10030 Moccasin Gap Road
(Mailing address MAY BE A POST		Tallahassee, FL 32309
		·
		·
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX) nd/or registered office as	Tallahassec, FL 32309
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	OFFICE BOX) nd/or registered office as	Tallahassec, FL 32309
(Mailing address MAY BE A POST	OFFICE BOX) nd/or registered office ac w registered office addre	Tallahassee, FL 32309 ddress in Florida, enter the name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	od/or registered office ac w registered office address	Tallahassee, FL 32309 ddress in Florida, enter the name of the
(Mailing address MAY BE A POST If amending the registered agent an new registered agent and/or the new	nd/or registered office adwregistered office addresses (Florida	Tallahassec, FL 32309 ddress in Florida, enter the name of the ess:

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: PT John Doe X Change <u>v</u> Mike Jones X Remove <u>X</u> Add ŞΥ Sally Smith Address Type of Action Title Name (Check One) 1) ____ Change _____ Add __ Remove

2)	Change			
	Add			
	Remove Change			
	Add			
	Remove			
4)	Change			
	Add			<u> </u>
	Remove			
5)	Change			
	Add			
	Remove			
6)	Change			
	Add			
	Remove			
			Page 2 of 4	
E.	If amending or addin (Attach additional shee		cles, enter change(s) here: (Be specific)	

		
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		<u></u>
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		
		
		
	Page 3 of 4	
he date of each amendment(s) adoption: ate this document was signed.	November 18, 2019	, if other than t
November 1	8, 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voling group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Michael Wester
	(Typed or printed name of person signing)
	President
	(Title of person signing)