H20644

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COVER LETTER

TO: Amendment Section Division of Corporations .

NAME OF CORPO	ORATION: Cox Fire Protection	on, Inc.	
DOCUMENT NUM	IBER:	<u> </u>	
	s of Amendment and fee are so	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Kevin Scott Cox		
	-	Name of Contact Perso	on
	Cox Fire Protection, Inc.		
		Firm/ Company	
	7910 Professional Place		
	<u> </u>	Address	
	Tampa, FL 33637		
City/ State and Zip Code			le
	scott@coxfire.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information Kevin Scott Cox	on concerning this matter, plea		090 2292116
	of Contact Person	at () <u>980-3282 x116</u>
ivame	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

Cox Fire Protection, Inc.	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
H20644	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	77
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>::</u>
Name of New Registered Agent N/A	
(0)	
(Florida sti	vet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar w	•
Cimatum of Van D	mintaged towns if the marine
Signature of New R	egistered Agent, if changing

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	DP	Kevin Scott Cox	27303 Miller Road
Add			Dade City, FL 33525
Remove			
2) Change	VP	Shane Peter Rushlo	2205 Whitlock Place
X Add			Dover, FL 33527
Remove 3) X Change	DCEOS	Linda Jean Cox	831 SW Alaska Way
Add			Greenville, FL 32331
Remove			
4) X Change	DT	Ronald Earl Cox	831 SW Alaska Way
Add			Greenville, FL 32331
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessary). (Be specific)
N/A	
	
provisions fo (if not ap	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: opticable, indicate N/A) Director and Shane Rushlo is now Vice President.
leassignment of	shares is as follows:
inda Jean Cox -	51.92% (135 Shares)
tonald Earl Cox	- 0.77% (2 Shares)
Levin Scott Cox	- 42.31% (110 Shares)
	lo - 5.00% (13 Shares)

. .

The date of each amendment	07/11/2023 (s) adontion:	. if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder as	etion and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendmer re sufficient for approval.	nt(s)
	e approved by the shareholders through voting groups. The following state. I for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
07/11/	2023	
Dated		
G : .	$\mathcal{L} \leq \mathcal{L} $	
Signature(B	a director, president or other officer – if directors or officers have not been	 n
se	ected, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
ар	pointed fiduciary by that fiduciary)	
	Kevin Scott Cox	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	