## H91333

| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL .      |
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|                         |                    |             |
| Certified Copies        | Certificate        | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO  | RATION: Eagle Fire Protect                  | ion, Inc.  |  | _                   |  |  |  |  |
|--|---|--|--|---------------------|--|--|--|--|
| DOCUMENT NUM   | H01333                                      |  |  |                     |  |  |  |  |
| The enclosed Articles  | of Amendment and fee are su                 | ibmitted for filing.   |  |                     |  |  |  |  |
| Please return all corre  | spondence concerning this ma                | itter to the following:  |  |                     |  |  |  |  |
|  | Myron B. Heath Jr.                          |  |  |                     |  |  |  |  |
|  | Name of Contact Person                      |  |  |                     |  |  |  |  |
|  | Eagle Fire Protection, Inc.                 |  |  |                     |  |  |  |  |
|  |   | Firm/ Company  |  | <del></del>         |  |  |  |  |
|  | 1205 Crown Park Cir.                        |  |  |                     |  |  |  |  |
|  | Address                                     |  |  |                     |  |  |  |  |
|  | Winter Garden, Fl. 34787                    |  |  | AEE 5               |  |  |  |  |
|  |   | City/ State and Zip Cod  | e  |                     |  |  |  |  |
| benn   | y@eaglefirepro.com                          |  |  | ₹ -3                |  |  |  |  |
|  |   | sed for future annual report                                       | notification)  | — 河。 <b>卫</b>       |  |  |  |  |
|  |   |  | no unio autony   | <u> </u>            |  |  |  |  |
| For further informatio   | n concerning this matter, pleas             | se call:   |  | SECRETARSE FT ORIDA |  |  |  |  |
| Benny Heath  |   | at ( 407   | 656-8387   | ·                   |  |  |  |  |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone N   | lumber              |  |  |  |  |
| Enclosed is a check fo   | r the following amount made                 | payable to the Florida Depa  | artment of State:  |                     |  |  |  |  |
| ■ \$35 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<br>Divisio   | Address Iment Section on of Corporations Building                                      |                     |  |  |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Eagle Fire protection, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) H91333 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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                      | <u>v</u>     | Mike Jones     |                          |
| X Add                         | <u>sv</u>    | Sally Smith    |                          |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s          |
| 1) X Change                   | S            | Joyce A. Heath | 957 Glenmeadow Dr.       |
| Add                           |              |                | Winter Garden, Fl. 34787 |
| Remove                        |              |                |                          |
| 2) X Change                   | Т            | Heather Heath  | 957 Glenmeadow Dr.       |
| Add                           |              |                | Winter Garden, Fl. 34787 |
| Remove                        |              |                |                          |
| 3) Change                     |              |                |                          |
| Add                           |              |                |                          |
| Remove                        |              |                |                          |
| 4) Change                     |              |                |                          |
| Add                           |              |                |                          |
| Remove                        |              |                |                          |
| 5) Change                     |              |                |                          |
| Add                           |              |                |                          |
| Remove                        |              |                |                          |
| 6) Change                     |              |                |                          |
| Add                           |              |                |                          |
| Remove                        |              |                |                          |

| I/A   |  |
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| If ar | amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: |
| pic   | (if not applicable, indicate N/A)  |
| /A    |  |
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| The date of each amendment(s) adoption: date this document was signed.  | , if other than the    |
|---|------------------------|
| Effective date if applicable:   |                        |
| (no more than 90 days after amendment file date)  |                        |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.   | l not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                        |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |                        |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  |                        |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                        |
| by"   |                        |
| (voting group)  | فرتر                   |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Myron B. Heath, Jr. | 15 JUL 13 PM 3: 15     |
| (Typed or printed name of person signing)   |                        |
| President   |                        |
| (Title of person signing)   |                        |