# N10000003545

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G.COULLIETTE

JUL 2 1 2011

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: International A	association of Firefighter	s L2267 Safety	
DOCUMENT NU	MBER: N10000003545			
The enclosed Artic	eles of Amendment and fee are sub	mitted for filing.		
Please return all co	rrespondence concerning this matt	er to the following:		
		ald Pesci		
	(Name of	Contact Person)		
Safety Harbor Professional Firefighters				
	(Firm/ Company)			
	700 Main St			
(Address)				
Safety Harbor, Fl 34695				
	(City/ Stat	e and Zip Code)		
		7@gmail.com	ion)	
For further informs	ation concerning this matter, please	•	iony	
To future morning	aton concoming and matter, picase	oui.		
Gerald Pesci		at (727)7241536		
(Nar	ne of Contact Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a check	for the following amount made pa	ayable to the Florida Department	of State:	
	☐ \$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	
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	is enclosed) s	

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation of

# International Association Of Firefighters L2267 Safety Harbor Professional

### (Name of Corporation as currently filed with the Florida Dept. of State) Fire Fighters, Inc. N10000003545 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: New Registered Office Address: (Florida street address) , Florida (Zip Code) (City) 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	John Little	700 Main St. Safety Harbor, FL 34695	☐ Add ☐ Remove
Pres	Christopher Palmieri	700 Mian St. Safety Harbor, FL 34695	☑ Add ☐ Remove
<u>VP</u>	Marke Bowne	700 Main St. Safety Harbor, FL 34695	☑ Add □ Remove
E. <u>If amer</u>	ding or adding additional Articles,		
(attach a	additional sheets, if necessary). (Be	specific)	
	· · · · · · · · · · · · · · · · · · ·		
•			

The date of each amendmen	$t(s)$ adoption: $\frac{7}{2}$	7/19/2011
Effective date <u>if applicable</u> :	7/19/2011	(date of adoption is required)
	(no mo	ore than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u> )	HECK ONE)
The amendment(s) was/we was/were sufficient for app		e members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		I to vote on the amendment(s). The amendment(s) was/were
hav	the chairman or	vice chairman of the board, president or other officer-if directors ted, by an incorporator — if in the hands of a receiver, trustee, or diffractionary by that fiduciary)
	**************************************	Gerald Pesci
	(Ty	ped or printed name of person signing)
		Secretary/ Treasurer
		(Title of person signing)