# N970000136

(Pa	questor's Name)	
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	(den a a)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
		<del></del>
Special Instructions to	Filing Officer:	
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Office Use Only



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TABLE MAR -B AM 8: 48

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	pration: <u>PAAAS Sile</u>	Nt SURVIVEL SIG	Nals, INE
DOCUMENT NUM	BER: <u>N970000</u>	0136	
The enclosed Article	s of Amendment and fee are subm	nitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Robert L. G. (Name of C	UZINE Contact Person)	
P	AAAS S, lent Surv (Firm/	Wal Signials, Company)	ING.
<del></del>	2355 Gansiel.	d DRIVE	
	Spring ////- A	=L - 34609 and Zip Code)	<del></del>
<del>- 11</del>	Paas @ paas S E-mail address! (to be used	OP9 for future annual report notif	ication)
For further information	on concerning this matter, please	call:	
Robert	L. Qualne of Contact Person)	at ( 352 ) 993	3 - 5//4
	or the following amount made pay		
\$35 Filing Fee	☐ \$43.75 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)
Ame Divis P.O.	Ing Address Indment Section Identification of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2010

ROBERT L. QUAINE
PAAAS SILENT SURVIVAL SIGNALS, INC.
2355 CANFIELD DRIVE
SPRING HILL, FL 34609

SUBJECT: PAAAS SILENT SURVIVAL SIGNALS, INC.

Ref. Number: N9700000136

We have received your document for PAAAS SILENT SURVIVAL SIGNALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2009 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00002108

2010 FEB 23 AM 8: 00 Secretary of state



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2010

ROBERT L. QUAINE
PAAAS SILENT SURVIVAL SIGNALS, INC.
2355 CANFIELD DRIVE
SPRING HILL, FL 34609

SUBJECT: PAAAS SILENT SURVIVAL SIGNALS, INC.

Ref. Number: N9700000136

We have received your document for PAAAS SILENT SURVIVAL SIGNALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2009 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 710A00002108

2010 MAR -8 AM 8: 00

### Articles of Amendment to Articles of Incorporation of

PAAAS SILENT SURVIV	al Signals, INE
(Name of Corporation as currently filed	
N91000000 136	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corn	oration:
PAAAS SPLE SIRVING	SIGNED THE
PAHAS SeLS SURVIVEL  The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n	e word "corporation" or "incorporated" or the name.
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	ESS) NO Change
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NO change
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent: NO	Change Change (Florida street address)
NO	Change
New Registered Office Address:	(Florida street address)
	. Florida
<del></del>	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. position.	
Signature	of New Registered Agent, if changing

Page 1 of 3

# 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)

Title	Name	Address	Type of Action
	NO Changes		
			☐ Add ☐ Remove
E. If ame)	nding or adding additional Articles, en additional sheets, if necessary). (Be s	pecific)	
		- TANGE - TO THE STATE OF THE S	

The date of each amendment	(s) adoption: January 1st 2010
	(date of adoption is required) Febunzey 1st 2010
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	anuary 22 Nd, 2010
Signature	Cobert S. Querine
(By have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Tobert W. QUAINE (Typed or printed name of person signing)
	President (Title of person signing)
	(True of beison signing)