

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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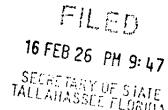
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brothers Fire Protection, Inc.						
DOCUMENT NUMB	ER: P01000029486					
	f Amendment and fee are sul	bmitted for filing.				
Please return all corresp	oondence concerning this mat	ter to the following:				
Rick A. Sheffield						
-		Name of Contact Person	1			
I	Brothers Fire Protection, Inc.					
_	Firm/ Company					
3	3781 NE 11th Avenue					
_	Address					
1	Pompano Beach, FL 33064					
-		City/ State and Zip Code	2			
-i.t.@i						
rick@t	profire.com	ed for future annual report				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Rick A. Sheffield		at (419-9377			
Name of	f Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$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)			
Amer Divis P.O. I	ing Address Idment Section Idment Se	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Brothers Fire Protection, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P01000029486 (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: 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." 3781 NE 11th Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pompano Beach, FL 33064 C. Enter new mailing address, if applicable: 3781 NE 11th Avenue (Mailing address MAY BE A POST OFFICE BOX) Pompano Beach, FL 33064 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes es	
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	n/a	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			1991	
Remove				
				,
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
n/a
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
n/a

The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date if applicable:	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes car by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on t	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	''
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder acti action was not required.	on and shareholder
Dated 2-22-16	
Signature Bu A Sleffico	
(By a director, president or other officer – if directors or of	
selected, by an incorporator – if in the hands of a received appointed fiduciary by that fiduciary)	r, trustee, or other court
Rick A. She Hild	
(Typed or printed name of person sign	ing)
President	

(Title of person signing)