Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002751273)))



H240002751273ABC/

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.

Account Number : 120050000159

Phone

: (772)231-4440

Fax Number

: (772)231-4439

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Lenae Istfire com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **1ST FIRE & SECURITY, INC.**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
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## **COVER LETTER**

| Division of Cor         |                                                                           |                                                                  | •                                                                                                  | ((H24000275127 3))) |
|-------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------|
| NAME OF CORPO           | PRATION: 1st Fire & Securit                                               | ty, Inc.                                                         |                                                                                                    |                     |
|                         | IBER: P03000101276                                                        |                                                                  |                                                                                                    | <del></del>         |
| The enclosed Article    | s of Amendment and fee are s                                              | ubmitted for filing.                                             |                                                                                                    | <del>.</del>        |
| Please return all corre | espondence concerning this m                                              | atter to the following:                                          |                                                                                                    |                     |
|                         | Elena Andrews                                                             |                                                                  |                                                                                                    |                     |
|                         |                                                                           | Name of Contact Person                                           | 1                                                                                                  | 7024.               |
|                         | 610 1st Street                                                            | Firm/ Company                                                    |                                                                                                    | 202416              |
|                         |                                                                           | Address                                                          |                                                                                                    | ·                   |
|                         | Vero Beach, FL 32962                                                      |                                                                  |                                                                                                    | , Ç                 |
|                         |                                                                           | City/ State and Zip Code                                         | =                                                                                                  | 18                  |
|                         | lena@lstfire.com                                                          |                                                                  |                                                                                                    |                     |
|                         | E-mail address: (to be u                                                  | sed for future annual report                                     | notification)                                                                                      | <del></del>         |
| For further information | on concerning this matter, plea                                           | se call:                                                         |                                                                                                    |                     |
| Elena Andrews           |                                                                           | at ( 772                                                         | 473-6013                                                                                           |                     |
| Name                    | of Contact Person                                                         | Area Coo                                                         | de & Daytime Telephone                                                                             | Number              |
| Enclosed is a check for | or the following amount made                                              | payable to the Florida Depa                                      | urtment of State:                                                                                  |                     |
| S35 Filing Fee          | ☐\$43.75 Filing Fee & Certificate of Status                               | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)  |                     |
| Am<br>Div<br>P.O        | endment Section<br>ision of Corporations<br>Box 6327<br>ahassec, FL 32314 | Amendi<br>Division<br>The Ce<br>2415 N                           | Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite ssee, FL 32303 | 810                 |

## Articles of Amendment to Articles of Incorporation

| 1st Fire & Security, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | οţ                                                     | (((H24000275127 3)))                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------|
| Name of Corpora<br>PP03000101276                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tion as currently filed with the Fi                    | orida Dept. of State)                                                            |
| (Doca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ument Number of Corporation (if kr                     | lown)                                                                            |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                      | •                                                                                |
| A. If amending name, enter the new name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | corporation;                                           | . 20                                                                             |
| 610 Vero Holding, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | F=1-1                                                                            |
| name must be distinguishable and contain the word "<br>"Inc.," or Co.," or the designation "Corp," "Inc<br>"chartered," "professional association," or the abbi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . Of ( A Professional Abes                             | The new porated or the abbreviation "Corp.," poration name must contain the word |
| L Enter new principal office address, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | la:                                                    | : .                                                                              |
| Principal office address MUST BE A STREET AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DRESS )                                                |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                           |                                                                                  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be  If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | red office address in Florida, ente<br>office address: |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Florida street address)                               |                                                                                  |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Free man in ter autor 625)                            | Pl-24.                                                                           |
| The state of the s | (City)                                                 | Florida (Zip Code)                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | zistered Agent: I am familiar with and accept the o    |                                                                                  |
| heck if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | /A= 0100 /112 / 2 = =                                  |                                                                                  |
| The amendment(s) is are being filed pursuant to s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 607.0120 (11) (e), 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.

Example:

| X Change                      | <u>PT</u>                | John Doe    |         | <u>,</u>    |
|-------------------------------|--------------------------|-------------|---------|-------------|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones  | :       | 7024 14     |
| X Add                         | <u>sv</u>                | Sally Smith |         | -           |
| Type of Action<br>(Check One) | Title                    | Name        | Address | -<br>-<br>: |
| 1) Change                     | <u></u>                  |             |         | ,           |
| Add                           |                          |             |         | ı           |
| Remove                        |                          |             |         |             |
| 2) Change                     |                          |             |         |             |
| Add                           |                          |             |         |             |
| Remove 3) Change              |                          |             |         |             |
| Add                           |                          |             |         |             |
| Remove                        |                          |             |         |             |
| 4) Change                     |                          |             |         |             |
| Adđ                           |                          |             |         |             |
| Remove                        |                          |             |         |             |
| 5)Change                      |                          |             |         |             |
| Add                           |                          |             |         |             |
| Remove                        |                          |             |         |             |
| f) Change                     |                          |             |         |             |
| Add                           |                          |             |         |             |
| Remove                        |                          |             |         |             |

|                                       | al sheets, if necessary).                                            | . (ae specific)                           |                                         |                                           |                              |
|---------------------------------------|----------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------------|------------------------------|
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| provisions for in                     | t provides for an exc<br>mplementing the ame<br>cable, indicate N/A) | hange, reclassifica<br>endment if not cor | ition, or cancella<br>italned in the an | ation of issued share<br>nendment itself: | <u>5,</u>                    |
|                                       |                                                                      |                                           |                                         | ·                                         |                              |
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|                                       |                                                                      |                                           |                                         |                                           | <del></del>                  |
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| The date of each amendment(s) adoption:                                                                                                                                                                  | if other than                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Effective date if applicable:                                                                                                                                                                            | (((H24000275127 3)))              |
| (no more than 90 days after amendment file date)                                                                                                                                                         |                                   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.                                     | this date will not be listed as a |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                     |                                   |
| The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.                                                                                 | er action and shareholder         |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.                                                      | iment(s)                          |
| The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)          | talement (2)                      |
| "The number of votes cast for the amendment(s) was/were sufficient for approval                                                                                                                          |                                   |
| by                                                                                                                                                                                                       | (,)                               |
| (voting group)                                                                                                                                                                                           | ·<br>:                            |
| Dated07.24.2004                                                                                                                                                                                          | ₩.                                |
| Signature Collect Charles                                                                                                                                                                                |                                   |
| (By a director, president or other officer – if directors or officers have not is selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary) | court                             |
| Elena Andrews                                                                                                                                                                                            |                                   |
| (Typed or printed name of person signing)                                                                                                                                                                |                                   |
| Vice President                                                                                                                                                                                           |                                   |
| (Title of person signing)                                                                                                                                                                                |                                   |