## P03000124530

(R€	equestor's Name)		
(Ac	ldress)	<del></del>	
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e#)	
PICK-UP	<b></b> WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
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O6 AUG 18 PM 5: 25
SELNETARY OF STATE
AND ASSET F. FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations	**	
NAME OF CORPORATION: Pro Fab	Safety Ferraing	, Inc.
DOCUMENT NUMBER: P0300012	34530	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Trent A C (Name of Cont	<u>bos</u>	
(Name of Cont	act Person)	
Pro FAb (Firm/Cor	mpany)	<del></del> -
8830 Quail		name of the state
Wesley Cha	pel PL 33544 Izip Code)	
For further information concerning this matter, please	e call:	
Trent Bos (Name of Contact Person)	at ( 813 <u>335-345</u> (Area Code & Daytime Telepl	one Number)
Enclosed is a check for the following amount:		
·	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301	

## **Articles of Amendment**

FILED

*	Articles of incorporation of	06 AUG 18 AM 10: 12
Pro Fal	s Safety Feni	CINGLE MARY OF STATE
(Name of corpor	ration as currently filed with the Flori	da Dept. of State)
<u>Po3</u>	000124530	
(Do	ocument number of corporation (if kno	own)
Pursuant to the provisions of section dopts the following amendment(s)		
NEW CORPORATE NAME (if c	hanging):	
Pro Ich	Port Sofeti	Inc
Must contain the word "corporation," "cor A professional corporation must contain the	mpany," or "incorporated" or the abbr he word "chartered", "professional as	reviation "Corp.," "Inc.," or "Co.") sociation," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (O' and/or Article Title(s) being amende		
hone.		
1.0.10		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
	(Attach additional pages if necessary	<b>(</b> )
If an amendment provides for excha for implementing the amendment if	ange, reclassification, or cancel f not contained in the amendmen	lation of issued shares, provisions nt itself: (if not applicable, indicate N/A)
1/1/		
N/H.		
	(continued)	

The date of each amendment(s) adoption:	
Effective date if applicable: 8706 (no more than 90 days after amendment file date)	<u> </u>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved 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)	
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)	. <b>-</b>
·	
(Typed or printed name of person signing)	
•	
President	
(Title of person signing)	

**FILING FEE: \$35**