

P04000051938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

3/22/21

Special Instructions to Filing Officer:

Office Use Only



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01/25/21--01016--008 **35.00

APR 12 2021

2021 APR 22 PM 1:54

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

JUSTIN LEFEBURE
12485 ROSELAND ROAD
SEBASTIAN, FL 32958

SUBJECT: HEADS UP SPRINKLER, INC.
Ref. Number: P04000051938

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

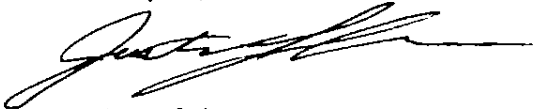
Letter Number: 621A00004953

Corporation Change to Professional (P.A.)

To whom it may concern:

I, Justin Lefebure, President of Heads Up Sprinkler, Inc., would like to change my general corporation to a professional corporation. We have recently sold a majority of the assets of this company and have moved on to consulting and business sales. I've included my state license and currently work with Transworld Business Advisors. Please contact me if you have any further questions. I can be reached at 772-925-2675.

Thank you,

A handwritten signature in black ink, appearing to read 'Justin Lefebure', with a long horizontal flourish extending to the right.

Justin Lefebure

Professional Business Advisor

772-925-2675

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Heads Up Sprinkler, Inc.

DOCUMENT NUMBER: P04000051938

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Lefebure
Name of Contact Person
Heads Up Sprinkler, Inc. or Justin Lefebure P.A.
Firm/ Company
12485 Roseland Road
Address
Sebastian, Florida 32958
City/ State and Zip Code
justinheadsup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Lefebure at (772) 925-2675
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Heads Up Sprinkler, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000051938

(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:

Justin Lefebure P.A.

/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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3751 Maguire Boulevard

Suite 150

Orlando, Florida 32803

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

12485 Roseland Road

Sebastian, Florida 32958

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

3751 Maguire Boulevard

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida 32803

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A To Whom It May Concern:

I, Justin Lefebure, President of Heads Up Sprinkler, Inc., would like to change my general corporation to a professional corporation. I have recently sold a majority of the assets of this company and have moved onto consulting and business sales. I've included my state license and currently work with Transworld Business Advisors. Please contact me if you have any further questions. I can be reached at 772-925-2675.

Specific Business purpose - Real Estate.

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: _____, if other than the date this document was signed.

01/01/2021

Effective date if applicable: _____
(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted 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)

12/30/2020
Dated _____

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)

Justin Lefebure

(Typed or printed name of person signing)

President

(Title of person signing)