P0400113128

(Re	questor's Name)	
•	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Eiling Officer	
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TO: Amendment Section
Division of Corporations

NAME OF CORPO	_{RATION:} Napier Spri	nkler, Inc.	
DOCUMENT NUM	BER: P0400113128		
	of Amendment and fee are su		
Please return all corre	spondence concerning this mat	tter to the following:	
	Brian Fults		
		Name of Contact Persor	l
	Napier Sprinkler,	Inc.	
		Firm/ Company	
	4001 Santa Barba	ara Blvd #237	
		Address	The state of the s
	Naples, FI 34104		
		City/ State and Zip Code	
na	piersprinkler@yah	oo.com	
		ed for future annual report	notification)
	on concerning this matter, pleas		004 4040
Brian Fults	-, ·	au (304-1216
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327			n of Corporations Building
	lahassee, FL 32314		xecutive Center Circle
	······································		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Napier Sprinkler, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P04000113128	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:	ment(s)
A. If amending name, enter the new name of the corporation:	
The r	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	ion the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	_,425.7
	1
	السداد
(Mailing address MAY BE A POST OFFICE BOX)	
	3
D. <u>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:</u>	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
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.

Example:		John Doo	and the second s	į
X_Change	PT	John Doe	÷ .	
X Remove	<u>V</u>	Mike Jones	n de la companya de La companya de la co	
X Add	<u>sv</u>	Sally Smith	T)	
Type of Action (Check One)	<u>Title</u>	Name	Address 5	
1) Change	S	Terry Fults	4001 Santa Barbara Blvd	_
Add			#237	
Remove			Naples, FL 34104	-
2) Change	S	Brian Fults	4001 Santa Barbara Blvd	_
✓ Add			#237	
Remove			Naples, FI 34104	_
3) Change	VP	lan Witmer	4001 Santa Barbara Blvd	_
✓_ Add			#237	
Remove			Naples, FI 34104	
4) Change				•
Add				
Remove				
5) Change	<u> </u>			-
Add				
Remove				_
6) Change				-
Add				-
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
*	
······································	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
hange shares of stock and perc	centages
an Witmer to 49% 490 shares of	of stock
Brian Fults to 51% 510 shares of	f stock
··· · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: November 1, 2014	
(no more than 90 days after an	nendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by(voting group)	37
(voime group)	
The amendment(s) was/were adopted by the board of directors without shareh action was not required.	nolder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	
Dated	
Signature Brion Z. Fult	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
BriAN K, Fults	
(Typed or printed name of	person signing)
(Title of person si	ening)
(- I	C - C/