PO4000159605

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phone | #) |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Name | e) : |
| | | • |
| (Do | ocument Number) | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
ORION

1/12/10

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | TION: FIRS | ST CIT | Y FIRI | E EQUIPI | MENT INC | ·············· |
|--|--|--------------------------|---------------------------------------|--------------------------|-------------------|----------------|
| DOCUMENT NUMBER | P04000159605 | | | | | |
| The enclosed Articles of A | Imendment and fee are | submitte | ed for fi | ling. | | |
| Please return all correspon | ndence concerning this | matter to | the foll | owing: | | |
| | | ONNA E | | | | |
| | Nan | ne of Cont | act Persor | n | | |
| COWAN | | | | INC | | |
| Firm/ Company | | | | | | |
| 136 MALAGA STREET | | | | | | |
| | | Addre | ss | | | |
| ; | ST AUGUS | TINE, F | ·- | | | |
| , | City | State and | Zip Code | e | | |
| <u>-</u> | DBYRNE@CO | WANPA | CETTI | .COM ort notification | n) | |
| For further information co | ncerning this matter, pl | ease call | : | | | |
| DONNA | BYRNE | at (| 904 |) | 824-8463 | |
| Name of Conta | ct Person | (| Area Coo | de & Daytime | Telephone Number | • |
| Enclosed is a check for the | following amount mad | le payabl | e to the | Florida Dep | partment of State | : : |
| | 3.75 Filing Fee & ertificate of Status | Cen | 75 Filing ified Cop litional co | | | of Status |
| Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32 | ations | Amen Divisi Clifto | n Buildi | Section orporations | rcle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2010 JAN -8 PM 3: 16

| | IRE EQUIPMENT I | | |
|---|------------------------------|--|------|
| (Name of Corporation as curr | ently filed with the Florid | da Dept. MIState ASSEE. FLORIDA | |
| | 000159605 | | |
| (Document Nur | nber of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this F | Florida Profit Corporation adopts the follow | wing |
| A. If amending name, enter the new name o | f the corporation: | | |
| | | The new | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc | ac," or "Co". A professional corporation | |
| B. Enter new principal office address, if app | olicable: | | |
| (Principal office address <u>MUST BE A STREE</u> | | | |
| | | ··· | |
| | | | |
| C. Enter new mailing address, if applicable | : | | |
| (Mailing address MAY BE A POST OFFI | | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or r | registered office address is | in Florida, enter the name of the | |
| new registered agent and/or the new regi | | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street a | address) | |
| | | Florida | |
| | (City) | , Florida (Zip Code) | |
| Nam Desistand Aponth Cimeture if it | na Dagistanad Agants | | |
| New Registered Agent's Signature, if changion I hereby accept the appointment as registered a | | 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)

| <u>Title</u> | Name | Address | Type of Action |
|---|--|---|-------------------|
| TREAS | ALAN ZARR | 2825 - K HILLTOP ROAD ST AUGUSTINE, FL 32086 | ☑ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| *************************************** | | | ☐ Add ☐ Remove |
| | | | |
| | | | |
| provisions | dment provides for an exchange, reclassion for implementing the amendment if no pplicable, indicate N/A) | | |
| ALAN ZARR | WILL BE RECEIVING AND ADDI | TIONAL 7 SHARES. HIS TO | TAL SHARES |
| WILL NOW E | BE 10 SHARES. | | ··· |
| | | | |
| | | | <u> </u> |
| | | 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/ | |

| The date of each amendmen | t(s) adoption: 11/01/2009 |
|---|--|
| Effective date <u>if applicable</u> : | 11/01/2009 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement and 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder |
| | a prector, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| арр | ointed fiduciary by that fiduciary) |
| | BENJAMIN GREENLEAF |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |

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