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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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T. Roberts DEC 08 2003



November 21, 2008

OMAR OWEIS INTEGRATED FIRE PROTECTION, INC. 16221 N.W. 57 AVENUE MIAMI, FL 33014

SUBJECT: INTEGRATED FIRE PROTECTION, INCORPORATED

Ref. Number: P06000023176

We have received your document for INTEGRATED FIRE PROTECTION, INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 108A00058050

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
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| SUBJECT: The graked firs Profes from Inc. (Name of Corporation) DOCUMENT NUMBER: P06000023176 |
| DOCUMENT NUMBER: 7 060000 23176 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Amisa Owlis (Name of Contact Person) Integrated First Protection, Inc. (Firm/Company) 16221 NW 57th Avenue (Address) |
| Mami, FL 33014 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Anisa Owlis (Name of Contact Person) at (305) 628-3838 (Area Code & Daytime Telephone Number) |
| • |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
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 Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Integrated Fine Protection, Incorporation |
| 2. The principal office address: 12806 SW 30 th Street Milemay FL 33023 |
| 3. The mailing address (if different): 16221 NW 57 th Avenue Mami, FL 33014 |
| 4. Date of incorporation/qualification: 2 115/2006 Document number: P06000023176 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Anisa Oweis |
| 12806 SW 30th Street 0 30 |
| · Miramar FL 33014 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): OMAY OWEIS 16221 NW 57 th Avenue (P.O. Box NOT acceptable) WiAmi, FL 33014 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| (Signature of an officer or director) Amisa Duris Plésident (Printed or typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 12/1/2008 |
| (Signature Megistered Agent) (Mate) |
| f signing on behalf of an entity: |
| (Typed or Printed Name) |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *