

PD6000032317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

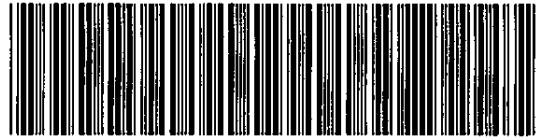
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Amend

FILED
09 DEC 22 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 23 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2009

MARY MCCOSLIN
INTEGRATED FIRE & SAFETY SERVICES, INC.
1730 DIPLOMACY ROW
ORLANDO, FL 32809

SUBJECT: INTEGRATED FIRE & SAFETY SERVICES, INC.
Ref. Number: P06000032317

We have received your document for INTEGRATED FIRE & SAFETY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records already reflect this information for the registered agent. If you are changing the officer/directors, you will need to complete the attached amendment form and resubmit for filing.

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: 209A00036199

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Integrated Fire & Safety Services, Inc.
Name of Corporation

DOCUMENT NUMBER: PD6000032317

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:

Mary McCoslin
Name of Contact Person

Integrated Fire & Safety Services, Inc.
Firm/Company

1730 Diplomacy Row
Address

Orlando, FL 32809
City/State and Zip Code

~~Heather~~ Mary. McCoslin @morganmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinna LeRose at (518) 813-6421
Name of Contact Person 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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Integrated Fire & Safety Services, Inc.

DOCUMENT NUMBER: PO6000032317

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

Please return all correspondence concerning this matter to the following:

Mary McCoslin
Name of Contact Person

Integrated Fire & Safety Services, Inc.
Firm/ Company

1730 Diplomacy Row
Address

Orlando, FL 32809
City/ State and Zip Code

mary.mccoslin@morganmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinna LaRose at (518) 615-0552 Ext 7031
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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Integrated Fire & Safety Services, Inc.

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

P06000032317

(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:

_____ 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Mary McCoslin

New Registered Office Address:

1730 Diplomacy Row
(Florida street address)

Orlando, Florida 32809
(City) (Zip Code)

FILED
09 DEC 22 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mary McCoslin
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	McCoslin, Brandon	1730 1730 ^{Row} Diplomacy Orlando, FL 32809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	McCoslin, Mary	1730 Diplomacy Row Orlando, FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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

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: 12-18-09

(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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)

☐ 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.

Dated 12/18/2009

Signature Mary E. McCoslin
(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)

Mary E. McCoslin
(Typed or printed name of person signing)

President
(Title of person signing)