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SECRETARY OF STATE CORPORATIONS &

Anund Icc a 2/4/09

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	PORATION: Integrate	d fire & Security Solv	tions, Inc
DOCUMENT NU	_{ЈМВЕР:} РФ6 000Ф	36760	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	Justin N Peter	of Contact Person)	
五	legrated Fired Sec	cority Solutions, I	-wc
7	857 Drew Circ	le, 5/e 15 (Address)	
F	ort Myers F	L 33967 tate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
Justin Ko	eterson Prea	at (<u>237</u>) <u>4/5</u> (Area Code & Daytin	re Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida De	epartment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address Amendment Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to

Articles of Incorporation	2 v.			
of				
Integrated Fire & Security Solutions Ene (Name of Corporation as currently filed with the Florida Dept. of State)				
P\$6000036760	^چ د			
(Document Number of Corporation (if known)	F. C			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopte following amendment(s) to its Articles of Incorporation:	s the			
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: Sheila M Peterso (50)	:			
New Registered Office Address: (Florida street address)	·7			
City), Florida 3376 (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 o	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>	<u>Name</u>	Address	Type of Action
CEO	Sheila M Peterson	7857 Prem cir 5te 5	_ Add _ Remove
	n/A	Fort Myers FL 33967	_ □ Add □ □ Remove
	w/A		_
F 16	die on adding addictional Austria	(a) have:	_
(attach ad Artoco	ding or adding additional Articles, entendeditional sheets, if necessary). (Be specified to the control of the	er change(s) here: cific) Late 10/22/200	7
Amones	led December 26, 2008	B Is Amudel As Fo	lous
	ercent du neu Ship of		
	60% Sheila Mit		
	19% Justin N F		
·-	19% Jesus Ca	_	
	• • • • • • • • • • • • • • • • • • • •	Leison COO	
	aro geno w te	HUSEN COU	
provisi	nendment provides for an exchange, roons for implementing the amendment in applicable, indicate N/A) N/A		
			

The	date of each amendment	(s) adoption:	12/26/	98	
Effec	ctive date <u>if applicable</u> :		2/36/c	8 01/01/1	99
		(no more than 90 day	ys after amend	ment file dale)	
Ador	ption of Amendment(s)	(CHECK	K ONE)		
A T	the amendment(s) was/we y the shareholders was/we	re adopted by the share ere sufficient for appro	eholders. The oval.	number of votes cast f	or the amendment(s)
	he amendment(s) was/we nust be separately provide				
	"The number of votes	cast for the amendmer	nt(s) was/were	sufficient for approval	
	by	(voting group)		.,,	
		(voting group)			
	he amendment(s) was/we ction was not required.	re adopted by the boar	d of directors	vithout shareholder ac	tion and shareholder
	he amendment(s) was/we ction was not required.	re adopted by the inco	rporators with	out shareholder action	and shareholder
	Dated	12/26/08		$\overline{}$	
	sele		or – if in the h	– if directors or office ands of a receiver, trus	
	••	• •		e of person signing)	
		(Typed o	or printed name	of person signing)	
		~	reside	nt	
		(T	itle of person s	igning)	<u></u>