

PO6000036760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

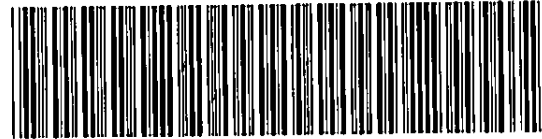
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400433249424

Amended

2024 JUL 23 AM 9:04

FILED

2024 JUL 23 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

Aug 7 2024

A RAMSEY

✓ 02250, 04104, 00671



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 07/23/24
Order #: 1571420-2
Re: Integrated Fire & Security Solutions Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text "Please take the following action:". The signature is fluid and cursive.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: INTEGRATED FIRE & SECURITY SOLUTIONS INC.
Ref. Number: P06000036760

YES SUBMIT
Please give original
submission date as file date.

We have received your document for INTEGRATED FIRE & SECURITY SOLUTIONS INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 524A00016291

RECEIVED
2024 AUG -6 PM 3:18
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Integrated Fire & Security Solutions Inc.

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

P06000036760

(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

C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address:

Plantation

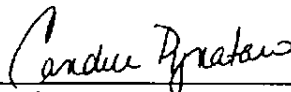
(City)

Florida 33324

(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
Candice Pignataro, Assistant Secretary

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	T	Sandy Furguson	1970 Dana Dr., Suite 1
<input type="checkbox"/> Add			Fort Myers, FL 33907
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	COO, S	John W Peterson, Jr.	1970 Dana Dr., Suite 1
<input type="checkbox"/> Add			Fort Myers, FL 33907
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	Justin N Peterson	1970 Dana Dr., Suite 1
<input type="checkbox"/> Add			Fort Myers, FL 33907
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	Director of Operations	Justin N Peterson	1970 Dana Dr., Suite 1
<input checked="" type="checkbox"/> Add			Fort Myers, FL 33907
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	Director CEO, Assist. Sec.	Richard Ennis	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4
6) <input type="checkbox"/> Change	VP, Operations	Michael Vielehr	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
7) <input type="checkbox"/> Change	General Counsel	Ellen Poole	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4
8) <input type="checkbox"/> Change	CFO, S, T	Casey Barrus	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4
9) <input type="checkbox"/> Change	D	Alexander Stretton	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4
10) <input type="checkbox"/> Change	D	Joshua Kochen	200 King Street West
<input checked="" type="checkbox"/> Add			PO Box 57, Suite 1701
<input type="checkbox"/> Remove			Toronto, ON M5H 3T4
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)

Dated 7/16/2024

Signature Ellen Poole
(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)

Ellen Poole
(Typed or printed name of person signing)

General Counsel
(Title of person signing)

AMEND-15220