

**PO6000036760**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Please use original  
submission date  
of 11/20/2024

((H24000386141 3)))



H240003861413ABCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
INTEGRATED FIRE & SECURITY SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Please use original  
submission date  
of 11/20/2024

*ML*

RECEIVED  
2024 DEC -2 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2024 DEC -2 AM 10:01  
FILED

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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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 of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

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

2024 DEC -2 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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 checked="" type="checkbox"/> Change	<u>President</u>	<u>PETERSON, JUSTIN N</u>	<u>1970 DANA DR, SUITE 1</u>
<input type="checkbox"/> Add			<u>FORT MYERS, FL 33907</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CFO, S, T</u>	<u>BARRUS, CASEY</u>	<u>200 King Street West PO Box 57</u>
<input type="checkbox"/> Add			<u>TORONTO M5H 3T4 CA</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CFO, Secretary, Treasurer</u>	<u>Marc Wasserman</u>	<u>1970 DANA DR, SUITE 1</u>
<input checked="" type="checkbox"/> Add			<u>FORT MYERS, FL 33907</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DIRECTOR, CEO, ASSIST. SEC</u>	<u>Ricard Ennis</u>	<u>1970 DANA DR, SUITE 1</u>
<input checked="" type="checkbox"/> Add			<u>Fort Myers, FL 33907</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>DIRECTOR, CEO, ASSIST. SEC</u>	<u>ENNIS, RICHARD</u>	<u>200 KING ST WEST PO BOX 57</u>
<input type="checkbox"/> Add			<u>SUITE 1701</u>
<input checked="" type="checkbox"/> Remove			<u>TORONTO M5H 3T4 CA</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2024 DEC -2 AM 10:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED



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)

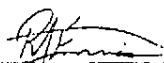
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/27/2024 \_\_\_\_\_

Signature  \_\_\_\_\_  
(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)

Richard Ennis

\_\_\_\_\_  
(Typed or printed name of person signing)

CEO

\_\_\_\_\_  
(Title of person signing)

2024 DEC -2 AM 10:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL