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COVER LETTER

TO: Amendment Section Division of Corporat			
NAME OF CORPORA		Fire Protection	on Inc.
DOCUMENT NUMBER	R: <u>P06 000</u>	91388	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	Candace M	le Coy	
_	Bailey Fire	Name of Contact Person Protection	1 1C.
_	12110 Ma-	Hoda Rd.	
_	Coroveland	FL. 34736	No. of the latest terms of
	bailey? E-mail address: (to be us	City/ State and Zip Code 11200 @ 00 Seed for future annual report	.Com
For further information co	oncerning this matter, pleas	se call:	
Candace	McCoy	at (352	429-2212
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment 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 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
Tallahassec, FL 32301

A	Articles of Amendment		
, A.	to rticles of Incorporation	FILED	
O ~ 1 ~ 1 ~ 1	of .		6
Bailey hie Hoteg	tion, Inc.	2015 JAN -9 PM 4: 01	J
(Name of Corporation as currently file	d with the Florida Dept. of S	State) TATY OF STATE	Ë DA
P06000913X	28	State) SECURE TARY OF STATE TALLAHASSEE, FLORE	UM
(Document Number of Co	orporation (if known)	70-1	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Co	prporation adopts the following amet	ndment(s
A. If amending name, enter the new name of the corp	oration:	The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab B. Enter new principal office address, if applicable: (Principal office address)	"Inc," or "Co". A professi obreviation "P.A."	or incorporated or the abbrevia	ation n the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	\	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	Loffice address in Florida, enfice address:	nter the name of the	
	(Florida street address)		
N. B. C. LOW.	(= an on our man can)	D. 11	
New Registered Office Address:		Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. | am familiar with and accept the obligations of the position.

| Signature of New Registered Agent, if changing |

(City)

(Zip Code)

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 <math>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 I	Doc	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	SV Sally S	Smith	
Type of Action (Check One) Change Add	Title V	Andre T. Medeiros	Address 3212 Blackland Dr Deltona, Fi. 32738
Remove 2) Change Add	S	CANDACE D. McCoy	12110 Mattida Rd. Ceroveland, Fi 34736
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change			
6) Change Add Remove			

Attach addir	or adding additiona ional sheets, if necess	ary). (Be specifi	ic)			
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provisions :	ment provides for an for implementing the	amendment if no				
(if not a	applicable, indicate N	⁽ A)				
) _	. P. O.	1			<u> </u>	1.
Dalle	y Fire Pro OF Shares	tection, 1	nc. purc	Mised +	Andre 1.	Meder
0%	OF Shares	in legar	<u>dsto A</u>	rfide I	I on 12	31/201
		<u>_</u>				<u>'</u>
			,			
					-	

date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici-	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for t	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
	by the incorporators without shareholder action and shareholder	
action was not required.	1	
Dated	2015	
, <u> </u>	> A	
Signature (By a direct	or, president or other officer – if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
<u></u> -	UASON H. McCoy	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)