P08000028473

(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





700156248627

05/21/09--01030--011 **35.00



MISK

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SYMPHONY HOME AUTOMATION SYSTEMS, INC P08000028473 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GUIDO DALMOLIN JR** Name of Contact Person Firm/ Company 1520 SUNDOWN LANE Address CLERMONT, FL 34711 City/ State and Zip Code guido@symphonyautomationsystems.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Guido Dalmolin Jr 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: ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee **✓** \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy

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

(Additional Copy is enclosed)



May 27, 2009

GUIDO DALMOLIN JR 1520 SUNDOWN LN CLERMONT, FL 34711

SUBJECT: SYMPHONY HOME AUTOMATION SYSTEMS, INC.

Ref. Number: P08000028473

We have received your document for SYMPHONY HOME AUTOMATION SYSTEMS, 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):

The first page of the Articles of Amendment is missing.

The date of adoption of each amendment must be included in the document.

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) 245-6927.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 009A00017845

2009 JUL 10 AM 8: 0

Articles of Amendment to Articles of Incorporation of

SYMPHONY HOME AUTOMATION SYSYEMS, INC

	ntly filed with the Floride		
(Name of Corporation as curre		Dept. of State)	7
	000028473		
(Document Num	ber of Corporation (if know	n) (2)	, (
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the f	ollowir دن
. If amending name, enter the new name of	the corporation:	. 07	<u></u>
name must be distinguishable and contain to	he word "corporation" "	"company" or "incorporated" or	
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof	designation "Corp," "Inc,'	" or "Co". A professional corporati	on
B. Enter new principal office address, if appl			
Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		
. If amending the registered agent and/or re	egistered office address in	Florida, enter the name of the	
new registered agent and/or the new regis	tered office address:		
X			
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(Florida street ad	ldress)	
	,	,	
<u>-</u>		, Florida (Zip Code)	
	(City)	(Zip Code)	
I. D. 144 I A 15 Claus 1 15 claus 1	- D - 2-4 1 A 4		
lew Registered Agent's Signature, if changin hereby accept the appointment as registered ag		d aquant the abligations of d	
nereny accept the appointment as registered as	zem 1 um jumutur wun an	a accept the obligations of the position	n.
<u></u>	anature of New Registered	Agent if changing	

amaved (and title neme and eddress of eq.		
	ditional sheets, if necessary)	ch Officer and/or Director being a	<u>dded:</u>
Timen au	unional sneets, if necessary)	,	
<u> itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			5
			Li Kemove
			
 .			
		nge, reclassification, or cancellation	
provis			
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		
provis	sions for implementing the amend		

The date of each amendment(s) adoption: 5 19 09 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.			
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):			
"The number of votes of	east for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder			
Dated	5-19-09			
Signature <u>(</u>	2000			
sele	addirector, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)			
	GUIDO L DALMOLIN JR			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			