## P09000058339

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2021 SEP -7 MHID: 49
SECRETARY OF STATE
TALLAMA SSEE STATE

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: Naples Fire Protection Inc					
DOCUMENT NUMBER: P0900058339					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Robert Dimodica	_				
Name of Contact Person Name of Contact Person Name of Contact Person	<del>-</del>				
28741 South Diesel Dr	_				
BUNITA Springs, FL 34135 City/State and Zip Code	_				
City/ State and Zip Code  ONXTWO @ AMAIL. COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert DiModica 31, 239, 289-7045					
Name of Contact Person Area Code & Daytime Telephone Number	:r				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

of O	•
Maples Tive Protection	Inc
Pogloo 158339	filed with the Florida Dept. of State)
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Stealth Fire Protection Inc.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	731 Park Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Naples, FL 34166 2
	- P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	731 Park Ave 55 = 17
	Naples, FL 341189 5
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	<del></del>
	<del></del>
(Florida stree	( address)
New Registered Office Address: (C	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg.	istered Agent, if changing
Check if annlicable	

Check if applicable

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

Example:

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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary	rticles, enter change(s) h r). (Be specific)	<del></del>		
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. If an amendment provides for an ex				
provisions for implementing the a (if not applicable, indicate N/A)	nendment if not containe	ed in the amendmen	t itself:	
(t) in approximate with				
				_
		-		
		<u> </u>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 9112021	
(no more than 90 days after amendment file date,	)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	is, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	ng statement u(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 9 1 21 / 2	
Signature	
(By a director, president or other officer - if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
N 1 1 0 00 1	
(Typed or printed name of person signing)	
CC = AC	
Officer President	
(Title of person signing)	