P12000051105

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Superior Fi	re and Life Safe	ty, Inc.	
DOCUMENT NUMB	ER: P1200005110	5	· · · · · · · · · · · · · · · · · · ·	
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	Gary Scoville			
-		Name of Contact Person	n	
	Superior Fire and Life Safety, Inc.			
-		Firm/ Company		
	1811 SE 15th Pl.	• •		
-		Address		
	Cape Coral, Fl 33	3990		
•	<u> </u>	City/ State and Zip Cod	e	
gan	Meunoriorfirosof	Fatvine com		
yaı	y@superiorfiresal	sed for future annual report	notification)	
	E-man address. (to be us	ect for future annual report	nottication)	
For further information	concerning this matter, pleas	se call:	. 4	
Gary Scoville		at (850	572-0265	
Name o	f Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
	ing Address		Address	
Amendment Section Division of Corporations		Amendment Section		
	•	Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle	
		Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Superior Fire and Life Sa	atety, Inc.		٠/
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
P12000051105			
(Documen	t Number of Corporation (if	known)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ac	lopts the following amendmer
A. If amending name, enter the new na	me of the corporation:		
NA			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	o". A professional corpord .A."	orated" or the abbreviation
B. Enter new principal office address,	if applicable:	NA	
(Principal office address MUST BE A S	TREET ADDRESS)		
			
C. Enter new mailing address, if appli		NA	
(Mailing address <u>MAY BE A POST (</u>	<u>OFFICE BOX</u>)		
D. 16	3/	- 1 178 - 1 1	6 4h -
D. If amending the registered agent an new registered agent and/or the new		ss in riorida, enter the nan	ie of the
Name of New Registered Agent	NA		
Name of New Negisierea Ageni			
	(Florida stree	et address)	,
	(1.10.100.00	·	
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(9)		()
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligation	s of the position.

Sig	gnature of New Registered Ag	ent, if changing	

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	<u>PT</u> John L	<u>Doe</u>	
X Remove	V Mike.	<u>Jones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPTD	Richard D. Cochran	1704 NW 15TH AVE
Add			Cape Coral, Fl
Remove			33993
2) Change	VPTD	Richard M. King	2745 First St. Unit 1801
Add			Fort Myers, Fl
Remove			33916
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption: 10/1/14	, if other than the
date this document was signed.	
Effective date if applicable: 10/1/14	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/1/14 Signature Deur Sco	
(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)	
Gary Scoville	
(Typed or printed name of person signing)	
President	
(Title of person signing)	