P12000067672

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SA	FETY K	ARE PRODU	JCTS INC
DOCUMENT NUMBER: P120	0006767	2	
The enclosed Articles of Amendment a	nd fee are submi	tted for filing.	
Please return all correspondence concer	ning this matter	to the following:	
William I	Markowit	Z	
SAFETY	•	Name of Contact Persor PRODUCTS	
14545 M	IILITARY	Firm/ Company / TRAIL, SU	JITE 139
DELRA		Address 1, FLORIDA City/ State and Zip Code	
william@wh		n or future annual report	notification)
For further information concerning this	matter, please ca	ıll:	
William Markow	i+そ	_{at (} 561	638-2669
Name of Contact Person	1	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following an	nount made paya	ible to the Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate	ling Fee & □	1\$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 Corporate P.O. Box 6327 Tallahassee, FL 3231		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SAFETY KARE PRODUCTS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State) P1200067672	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	wing amendment(s) to
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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mi word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	201 SE
(Principal office address MUST BE A STREET ADDRESS)	AR A →
	FILE 2013 AUG 23 PI SEGRETARY OF ALLIANTASSE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 4: 29
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 William Markowitz	
3220c Spanish Wells Drive	
(Florida street address)	
Delray Reach 33445	
New Registered Office Address: City Florida (City), Florida (Zip Code)	<u> </u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment at registered agent. When the position of th	n.

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 Doe		
X Remove	<u>v</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Smi	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	Ī	<u>Name</u>	<u>Addres</u> s
1) Change	Р	;	STANTON MARKOWITZ	11160 Houston Street
X_{Add}				#1
Remove				North Hollywood, Ca. 91601
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>	-		
Add				
Remove				
6) Change				
Add		•		
Remove				

	ary). (Be specific)
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an amendment provides for an	n exchange, reclassification, or cancellation of issued shares,
rovisions for implementing the	e amendment if not contained in the amendment itself:
an amendment provides for an provisions for implementing the (if not applicable, indicate N	e amendment if not contained in the amendment itself:
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rovisions for implementing the	e amendment if not contained in the amendment itself:

The date of each amendment(s) adoption: 8/70/7013 date this document was signed.	, if other than the
Effective date if applicable: 8/20/3 (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	
☐ 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 8/20/2013	
Signature (By a director, president or other efficer – 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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing) REGISTERD AGENT	

(Title of person signing)