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R. WHITE

COVER LETTER

Division of Corporations
NAME OF CORPORATION: FYST RESPONSE UNGENT COME, INCOMENT NUMBER: P1200098788
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following
Rene Nicolas TR. Name of Contact Person
First Response Ungent Cave, Inc
5409 N. State Rd. 7
Tamayac Fl. 33319 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rene Nicolos JR at (954) 320-6940 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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment

to
Articles of Incorporation

MILED

15 APR 14 PM 2: 13

Foot Oach	Man X O	TAGO	SLOWETAR	COFSTATE
(Name of Corporation as curre	nthyfiled with the Flori	de Dent of State)	<u> </u>	LE, FLORIDA
P12 1110 198789	K	ua Dept. or State)	# 1 h	
(Document Num	ber of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, E its Articles of Incorporation:	Florida Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name of Cedays Sinal Us name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of the designation of the d	Gent Case elword "corporation," "Corp.," "Inc." or "Co"	. A professional corpo	porated" or the ab	The new breviation ontain the
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or re	· _	in Florida, enter the no	ame of the	
new registered agent and/or the new regist	tered office address:	in Florida, enter the na	inc of the	
Name of New Registered Agent			_	
	(Florida street a	ddress)		
New Registered Office Address:		, Florid		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with t	and accept the obligatio	ons of the position.	
Signature	of New Registered Agen	t, 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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Saily	y Smith	
Type of Action (Check One)	Title	Name .	<u>Addres</u> s
1) Change	5.	Sally Despinos	e 701 Azalaa Ct.
Add Remove) /	Plantation, Fl. 33317
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

	cles, enter change (Be specific)			
<u> </u>	<u> </u>			
				
		 		
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		 		·
f an amendment provides for an exch	ange, reclassificati idment if not cont	on, or cancellation	n of issued shar Iment itself:	es,
provisions for implementing the amer				
provisions for implementing the amer (if not applicable, indicate N/A)				
provisions for implementing the amer (if not applicable, indicate N/A)				
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provisions for implementing the amer (if not applicable, indicate N/A)				
provisions for implementing the amer (if not applicable, indicate N/A)				
or implementing the amer (if not applicable, indicate N/A)				
provisions for implementing the amer (if not applicable, indicate N/A)				

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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 east 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	
DatedSignature	
(By a director, president or other officer – if directors or officers have not been selected, by an interpretator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
President (Title of person signing)	