P13000011675

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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N/C & Amend.

TO: Amendment Section

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Emergency L	obting Supplies : Installation INC.
DOCUMENT NUMBER: PI300001167	5
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
July Bowman Na	me of Contact Person
Emergency Lighting:	Firm Company
6485 NW 8746	Address
Miami, FL. 3	3178 y/ State and Zip Code
Email address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Timell Raman	at (954) 260-0807
Name of Contact Person	Arca Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Co	13.75 Filing Fee & S\$2.50 Filing Fee certified Copy Certificate of Status dditional copy is celesed) (Additional Copy is enclosed)
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

Articles of Amendment to		
Articles of Incorporation		
of the Dn		
Energency Lighting Supplies 3 Trestallation Tixe. (Name of Corneration of currently filed with the Florida Dept. of State)	•	
-P/300001/675	}	- ماسلام
(Document Number of Corporation (if known)	·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following at its Articles of Incorporation:	nendment	(s) to
A. If amending name, enter the new name of the corporation;	1	F =
Errocacica Lighting Topies 3 Instructions Too. The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation, "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."	te new eviation tain the	
B. Enter new principal office address, if applicable: 6485 1000 87th Avenue		
(Principal office address MUST BE A STREET ADDRESS) Liani FL 33178	•	
	ţ	· ,
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) 6485 AU 87 Acrons	•	<u> </u>
Mami, FL. 33178	. 7	
	1.	. <u> </u>
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 Title Tollynno	4 -	
6485 NW 87th Avenue. (Florida street address)		
New Registered Office Address: Higher (City) Florida 33178 (City) (Eip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position		 स
Signature of New Registered Agent, 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 Doe	 -	and the second of the second o
X Remove	<u>Y</u>	Mike Jones	San Carrier Control	5€ • · · · == 1200 · ·
X Add	<u>\$V</u>	Sally Smith	· - ·-	
Type of Action (Check One)	Title	Name		Address
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Add			. = =	
Remove				
2) Change		<u> </u>		Section 1
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Remove			<u>=</u>	
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The date of each amendment(s) ad	loption: 17/4/13	. 2,	if other than the
date this document was signed. Effective date if applicable:	entire to the second se		
	(no more than 90 days	after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The numb fficient for approval.	er of votes cast for the amendment(s)	
	roved by the shareholders through ve each voting group entitled to vote se	oting groups. The following statemen parately on the amendment(s):	ý.
"The number of votes cast	for the amendment(s) was/were suffic	cient for approval	
ьу	(voting group)	<i>y</i>	
action was not required.	pted by the board of directors withou = pted by the incorporators without sha	at shareholder action and shareholder action and shareholder	
Dated 12	14/13	 -	e e e e e e e e e e e e e e e e e e e
Signature	rector, president or other officer - if	directors or officers have not been	
selected		of a receiver, trustee, or other court	
-	Travell Bota (Typed or printed or	name of person signing)	
-	Resident	erson signing)	· · ·