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14 APR -4 PM 4: 37

C. LEWIS 9 2014

APR 9 2014

EXAMMER

APPROVED

### **COVER LETTER**

TO: Amendment Section Division of Corporations 1st Alert America Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: US HWY 92 Suran clairect @ tampa bay. rr. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) LOQLO - LOOD

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

14 APR -4 PM 4: 37

1St Alax + Amorina Inc

SECRETARY OF STAIL TALLAHASSFELFLORIDA

13 HRIT FINERICA AIC.	IALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florida De	pt. of State)
P140000089D	
(Document Number of Corporation (if known)	· · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pr</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "composition," "Inc.," or $Co.$ ," or the designation "Corp.," "Inc.," or "Co". $Ap$ word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JA
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	rida, enter the name of the
Name of New Registered Agent DONNA Steven	15
11524 E. US HU (Florida street address)	3
New Registered Office Address: SIFFNEY	, Florida33584
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. Lam familiar with and accept the appointment as registered agent.	ecept the obligations of the position.

Page 1 of 4

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> <u>John</u>	n Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
_X Add	<u>SV</u> <u>Sall</u>	ly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	<u> P</u>	william Stevens	11524 E.US HWY92		
Add Remove			540:300 Seffner, FL 33584		
2)	VP	Donna Stevens	11524 E.US HWY92 Ste: 300		
Remove 3) Change Add	P	Donna Stevens	Seffner, Fl 33584 11524 E. US HWY 92 54: 300 Seffner, Fl 33584		
Remove 4) Change Add Remove			<u> </u>		
5) Change Add Remove					
6) Change Add Remove					

E. <u>If amending</u>	or adding additional Arti	cles, enter change	(s) here:		
(Attach addita	ional sheets, if necessary).	(Be specific)			
<del>- 11-</del>		<del> </del>			
$\mathcal{W}_{1}$					
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. <u>If an amend</u>	ment provides for an exch	ange, reclassificat	ion, or cancellat	ion of issued sha	res,
provisions (	for implementing the ame	<u>ndment if not cont</u>	tained in the am	endment itself:	
(ij noi a	applicable, indicate N/A)				
ı					
411	10.	-			
101	H				
·					
			·		
					•



The date of each anendment(s) and	ppuon:	, ii other than the
date this document was signed.	open temy are estal	
Effective date if applicable:	SEURETARY OF STAIL TALLAHASSEE FLORINA	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	" (voting group)	
The amendment(s) was/were adoptaction was not required.	ated by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated 3/24/20	14	
selected	vector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointe	ed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
_	president	
	(Title of person signing)	