## P150000 80709

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## **COVER LETTER**\*

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	WEAVER FIRE	PROTECTION SERVICE	S, INC.	
DOCUMENT NUMBER: P13	5000080709			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
		REBECCA L WILLIAMS	S	
	Name of Contact Person			
BEE SQUARE TAX CONSULTATION AND SERVICE				
<del> </del>		Firm/ Company		
	1650	SAND LAKE RD STE 11	5	
Address				
	O	RLANDO, FL 32809		
<del></del>		City/ State and Zip Cod	3	
REI	BECCA@BEESQU	JARETAX.COM		
	-	sed for future annual report	notification)	
		•	·	
For further information concerning	g this matter, pleas	se call:		
REBECCA L. WILLIAMS at (407 ) 851-4037		851-4037 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	ertment of State:	
	.75 Filing Fee & tificate 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)	
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE OF VISION OF CORPORATION.

WEAVER FIRE PROTECTION SERVICES, INC.

2016 SEP 12 AM 11: 05.

(Name of Corpora	ation as currently	filed with the Florida De	ept. of State)
	P15000080709		
(Doc	ument Number of (	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this F	lorida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	orp," "Inc," or "C	o". A professional corp	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			• ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i> )		
D. If amending the registered agent and/or registered agent and/or the new registered			name of the
Name of New Registered Agent			· ·
·	(Florida stree	et address)	
New Registered Office Address:		City)	, Florida(Zip Code)
			٠.
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ith and accept the obligat	ions of the position.
	CN B		
Si	ignature of New Ke	egistered Agent, if changir	g

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.

X Change	<u>PT</u>	John Doe			
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	OF	FRANK E. EDWARDS	14572 CR 719		
X Add			WEBSTER, FL. 33597		
Remove			<del></del>		
2) Change					
Add			· · · · · · · · · · · · · · · · · · ·		
Remove					
3) Change					
Add			<u> </u>		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add			<del></del>		
Remove					
6) Change					
Add					
Remove					

E. If amending or adding addition (Attach additional sheets, if necessity)	nal Articles, enter ch essary). (Be specific,	ange(s) here: )		
	<u></u>			
**************************************				
· · · · · · · · · · · · · · · · · · ·				
h.				
F. If an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if not	ification, or cancell t contained in the a	ation of issued share mendment itself:	<b>25.</b>
2015 <u>1917</u>				
	<del></del>			····
		·		

The date of each amendment(s) adoption:	, if other t	than the
date this document was signed.	JIVISION OF CORPORALS	
Effective date if applicable:		, , , ,
(no more than 90 days after amendment file	date 16 SEP 12 AM 11:05	
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.		d as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)	
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	lowing statement idment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder	2
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	shareholder	
Dated & 8-29-16 Signature & Mean Harles	,	
(By a director, president or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)		
WEAVER E. RAULERSON II		÷
(Typed or printed name of person signing)		
PRESIDENT		,
(Title of person signing)		