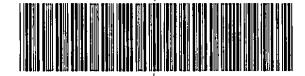
P1700091945

| (Red | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ado | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phono | e #) |
| PICK-UP | MAIT | MAłŁ |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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18 JAN -8 AN IO: 19

R. WHITE
JAN 1 0 2018

COVER LETTER

| TO: Amendment Sect Division of Corp | | | |
|----------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| NAME OF CORPO | RATION: Big Country Fire | Protection, Inc. | |
| DOCUMENT NUMI | D17000001045 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| | spondence concerning this ma | - | |
| | Kristy Bristoll | ٥ | |
| | | Name of Contact Person | 1 |
| | Big Country Fire Protection | n, Inc. | |
| | | Firm/ Company | |
| | 600 South Main Ave | | |
| | Minneola, Fl. 34715 | Address | |
| | | City/ State and Zip Code | e |
| kristy | b@bigcountryfireprotection | i.com | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | n concerning this matter, pleas | se call: | j |
| Kristy Bristoll | | 352 at (| 404-5990 |
| Name (| of Contact Person | | de & Daytime Telephone Number |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | irtment of State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314 | Amend Divisio Clifton 2661 E | Address Iment Section In of Corporations Building Executive Center Circle Issee, F1, 32301 |

Articles of Amendment to

FILED

Articles of Incorporation 18 JAN -8 AH 10: 19

Big Country Fire Protection, Inc.

| Big Country Fire Protection, Inc. | | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|
| (Name of Corporation as curren | ntly filed with the Florida Dep | r of State). |
| P17000091945 | | |
| (Decument Number | of Corporation (if known) | <u> </u> |
| (150ctiment Number | or corporation (it known) | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation ad | lopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | | |
| Transcribing name, early the new name of the corporation. | | |
| | | The new |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corpora | |
| | 600 South Main Ave | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
|) | Minneola, Fl. 34715 | : |
| | | |
| | - | <u> </u> |
| 2. Enter new mailing address, if applicable: | 600 South Main Ave | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | <u> </u> |
| | Minneola, Fl. 34715 | |
| | | |
| | | |
| D. If amending the registered agent and/or registered office ad | dress in Florida, enter the nan | ne of the |
| new registered agent and/or the new registered office addre | ess: | |
| Name of New Registered Agent | | |
| 600 South Main Ave | · · | |
| | street address) | |
| Minneola | street aaaress) | 24745 |
| New Registered Office Address: | | 34715 , Florida |
| | (Ciry) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia | | s of the position |
| | - жилина ассерстве отпустоп, | ig the position. |
| | | |
| | | |
| Signature of New | Registered Agent, if changing | |
| ~ . | | |

| address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted | and/or D , if necess rector titl Presidem = Chief I or, Directo I in the fo wes the c | Director by sary) It by the fit; T= Trea Financial or would I Ilowing meroporation | rst letter of the office title: isurer: S= Secretary: D= Director Officer. If an officer/director holo in PTD. anner. Currently John Doe is liste in, Sally Smith is named the V and | r: TR= Trus ds more tha vd as the PS | tee; C = C n one title. T and Mike | hairman or Clerk; CEO list the first letter of eac Jones is listed as the V. | = Chief h office There is |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|
| X Change | PT | <u>John Do</u> | <u>e</u> | | | ! | |
| X Remove | \underline{V} | Mike Jo | <u>nes</u> | | | | |
| X Add | <u>sv</u> | Sally Sn | nith | | | | |
| Type of Action (Check One) | Title | | Name | | <u>Addres</u> s | | |
| 1) Change | ٧ | | Matthew C. Bristoll | (| 600 South | Main Ave | |
| X Add | | _ | | | Minneola, | FI. 34715 | |
| Remove | | | | | | | |
| 2) Change | | _ | | _ | | | |
| Add | | | | _ | - | · | |
| Remove | | | | - | | | |
| 3) Change | | _ | | | | | |
| Add | | | | - | | | |
| Remove | | | | - | - | | |
| 4) Change | | _ | | - | | | |
| Add | | | | - | <u> </u> | | |
| Remove | | | | - | | | |
| 5) Change | | _ | | | | | |
| Add | | | | - | | | |
| Remove | | | | - | | | |
| 6) Change | | _ | | | | | |
| Add | | | | - | | | |

Remove

| f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
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| f an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A) | <u>rent itself:</u> |
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| . 01/01/2018 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| The date of each amendment(s) adoption: | , if other than the |
| 01/01/2018 | |
| Effective date if applicable: (no more than 90 days after amendment file date) | · · · · · · · · · · · · · · · · · · · |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records. | nis date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | nent(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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 | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. | cholder |
| ■ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. | er |
| 01/01/2018 | |
| Signature Krita Ald Matcoll, PAS. | |
| (By a director, prysident or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary) | |
| Kristy A. Bristoll | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | 9-9 |