## P19 00000 15460

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	⇒ #)
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## COVER LETTER

**TO**: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FIREFIGHTER PA	ARTNERS INC		
DOCUMENT NUMB	ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MICHAEL HOSTO			
•		Name of Contact Persor	1	
	FIREFIGHTER PARTNERS	SINC		
-		Firm/ Company		
	75 12TH ST S			
-		Address		
	JACKSONVILLE BEACH.	FL 32250		
-		City/ State and Zip Code	e	
KIMV	VHITLOCK@1-800BOARD	UP.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
BETH TOENIES		904 at (	758-8000	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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 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

FIREFIGHTER PARTNERS INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000015460	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019
	000
	18, <del>In.</del>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	6.
	5, 9
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
-	(Ctiy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	LISA HOSTO	75 12TH ST S
XAdd			JACKSONVILLE BEACH, FL
Remove			32250
2) Change	P	GEORGE GODFREY	75 12TH S
X Add			JACKSONVILLE BEACH, FL
Remove			32250
X Change	CEO	MICHAEL HOSTO	75 12TH ST S
Add			JACKSONVILLE BEACH, FL
Remove			32250
4) Change	COO	BETH TOENIES	75 12TH ST S
X Add			JACKSONVILLE BEACH, FL
Remove			32250
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessar	ry). (Be specific)				
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an amendme	ent provides for an	exchange, reclassif	<u>ication, or cancell</u>	<u>lation of issued sh</u>	i <u>ares,</u>	
provisions for	implementing the	amendment if not o	ontained in the a	mendment itself:		
(ij not apj	olicable, indicate N/2	1)				
	. <del></del> .		<del></del>		<u></u>	
					-	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendmen	t file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	quirements, this 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 f by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the distribution.	
"The number of votes cast for the amendment(s) was/were sufficient for approva	ıl
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
OCTOBER 10, 2019	
Signature (By a director, president or other object – if directors or officer	cers have not been
selected, by an incorporator if in the hands of a receiver, tr	
appointed fiduciary by that fiduciary)	
Michael Hosto	
(Typed or printed name of person signing	)
(F.O	
(Title of person signing)	