P9300033231

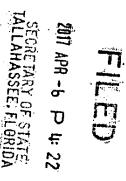
(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Fire Sprinkler Serv	vices, Inc.P93000033231			
DOCUMENT NUMI	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Arnold D. Tritt, Jr.				
		Name of Contact Person	1		
	Tritt & Associates, P.A.				
	Firm/ Company				
	707 Peninsular Place				
	Address				
	Jacksonville, FL 32204				
		City/ State and Zip Code	e		
arnol	d.tritt@atritt.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Arnold D. Tritt, Jr.		904 at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
<u>Ma</u> i	iling Address	Street	Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Fire Sprinkler Services, Inc.		ַחַבּיל לּינָלוֹת בּינִים בּינ
(Name of Corpora	ation as currently	filed with the Florida Dep.C of State) P 4: 22
P93000033231		SECRETARY OF STATE
(Doc	ument Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:	
N/A		The new
	orp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		YULEE, FL 32097
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	B <u>OX</u>)	JACKSONVILLE, FL 32239
D. If amending the registered agent and/or registered new registered agent and/or the new registered N/A		s in Florida, enter the name of the
Name of New Registered Agent		
	(Florida street	addrass)
·	(Fiorial siree)	uuu essy
New Registered Office Address:		, Florida
	·	(Esp Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		h and accept the obligations of the position.
Siį	gnature of New Reg	istered 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	S		Rose M. Ailstock	8723 Lancashire Dr
Add				Jacksonville, FL 32219
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				***************************************
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	
	
F. If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A) N/A	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following staten must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4.3-2017 Signature Indel With	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	ırt
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
(1 yped of princed name of person signing)	
YICE TRESIDENT TREASUR	2=R
(Title of person signing)	3