P0000001161

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Ad	dress)				
(Ad	dress)				
- (Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
,					
,					

Office Use Only



400292323334

11/17/16--01011--007 **35.00

NC

CEC 16 2016

IL VVHITE

16 DEC 15 WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2016

STEPHEN W DRING 3909 INDIAN SPRINGS RD. PANAMA CITY, FL 32404

SUBJECT: ADVANCED SIGN SOLUTIONS, INC.

Ref. Number: P00000071461

We have received your document for ADVANCED SIGN SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000200750.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

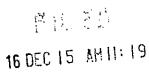
Letter Number: 116A00024862

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:A	Juanced Sign Solutions, Inc.				
DOCUMENT NUMBER: P 00000071461					
The enclosed Articles of Amendment and	fee are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
	Stephen W Oring Name of Contact Person Advanced Sign Solutions Inc Firm/ Company 3909 Indian Springs Rd. Address Panama City, FL 32404 City/ State and Zip Code				
Steve Aring 50@ ho-tmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Steve Ocios Name of Contact Person	at (850) 896 4578 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporation 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	F-1-1-1-1	10 050 10	. : 3
Advanced S			CE. TALLAND	
(Name of Corpor	ration as currently f	iled with the Florida	Dept. of State)	
P 00	0000 71461			
		orporation (if known))	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Profit Corporat	tion adopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation,' orp," "Inc," or "Co	". A professional co	ncorporated" or	the abbreviation
		^_		, p.
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		_	ndian Spr	=
(2 Thirdput office united MOST BE A STREET A	<i>DDK</i> 133)	<u>Panama</u>	City, FC	<u> 32404</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	3909 Inc Panama	dian Sprin City, FL	165 Rd. 32404
D. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter th	e name of the	NIA
Name of New Registered Agent	-			
	(Florida street	address)		
New Party I OM (1)		,	m . 11	
New Registered Office Address:	(C	ity)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing I	Dagiotavad Agants			
I hereby accept the appointment as registered agen		h and accept the oblig	gations of the posi	tion.
	ignature of New Reg	istered Agent if chan	ging	

·	
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:	11 A.
(Attach additional sheets, if necessary)	NIA
	1 7

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>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		-		<u>.</u>	
Add					
Remove					
2) Change				-	
Add					
Remove					
3) Change				•	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change					
Add				-	
Remove					
6) Change		_		-	
Add					
Remove					

	(Be specific)	ere: NA
		The second secon
		-
		· · · · · · · · · · · · · · · · · · ·
w	· · · · · · · · · · · · · · · · · · ·	
n amendment provides for an exch ovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
ovisions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
visions for implementing the ame	ange, reclassification, ndment if not contains	or cancellation of issued shares. NA
visions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
visions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
isions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
visions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA
visions for implementing the ame	ange, reclassification, ndment if not containe	or cancellation of issued shares. NA

The date of each date this documen	amendment(s) adoption: 1/8/16 twas signed.	, if other than the
Effective date <u>if s</u>	applicable:	
	(no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirements, this dative date on the Department of State's records.	e will not be listed as the
Adoption of Ame	endment(s) (<u>CHECK ONE</u>)	
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s lders was/were sufficient for approval.)
The amendmen	at(s) was/were approved by the shareholders through voting groups. The following statementally provided for each voting group entitled to vote separately on the amendment(s):	nt
"The nun	nber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment action was not	at(s) was/were adopted by the board of directors without shareholder action and shareholder required.	τ
The amendmer action was not	at(s) was/were adopted by the incorporators without shareholder action and shareholder required.	
	Dated ///8/16	
	Signature	·····
	(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 court appointed fiduciary by that fiduciary)	
	Stephen W Dring (Typed or printed name of person signing)	
	President Secretary (Title of person signing)	The state of the s

. :