

PD9000070719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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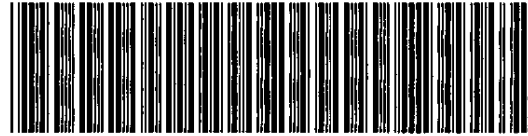
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
OCT 2 2013  
EXAMINER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SIGNATURE MOTORS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000070719

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA M. DOCKERY  
(Name of Person)

SIGNATURE MOTORS, INC.  
(Name of Firm/Company)

737 N. MAGNOLIA AVENUE  
(Address)

OCALA, FL. 34475  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA M. DOCKERY at ( 352 ) 732-7600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SIGNATURE MOTORS, INC.

DOCUMENT NUMBER: P09000070719

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA M. DOCKERY  
Name of Contact Person  
SIGNATURE MOTORS, INC.  
Firm/ Company  
737 N. MAGNOLIA AVENUE  
Address  
OCALA, FL. 34475  
City/ State and Zip Code

SIGNATURE1MOTORS@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA M. DOCKERY at ( 352 ) 732-7600  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

13 SEP 25 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SIGNATURE MOTORS, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P09000070719**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

737 N. MAGNOLIA AVENUE

OCALA, FL. 34475

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

737 N. MAGNOLIA AVENUE

OCALA, FL. 34475

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* **PAMELA M. DOCKERY**

**737 N. MAGNOLIA AVENUE**

(Florida street address)

*New Registered Office Address:* **OCALA**, Florida **34475**

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

x *Pamela M Dockery*  
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.

**Example:**

Change                      PT      John Doc

Remove                        V      Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PRES</u>	<u>MICHAEL RYAN DOCKERY</u>	<u>3541 S. PINE AVENUE</u>
<input type="checkbox"/> Add			<u>OCALA, FL. 34471</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PRES</u>	<u>MICHAEL RAY DOCKERY</u>	<u>737 N. MAGNOLIA AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>OCALA, FL. 34475</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>SEC</u>	<u>MICHAEL RYAN DOCKERY</u>	<u>3541 S. PINE AVENUE</u>
<input type="checkbox"/> Add			<u>OCALA, FL. 34475</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: 09/15/2013  
date this document was signed.

Effective date if applicable: 09/15/2013

(no more than 90 days after amendment file date)

FILED other than the  
13 SEP 25 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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 shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/15/2013

Signature x Pamela M Dockery

(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)

**PAMELA M. DOCKERY**

(Typed or printed name of person signing)

**VICE PRESIDENT**

(Title of person signing)