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Amend (105/14/14

COVER LETTER

TO: Amendment Section Division of Corporation	ons				**
NAME OF CORPORATI	ON: PROFE	SIGNALL	(PRETTY	INC	
DOCUMENT NUMBER:		086150		<u> </u>	
The enclosed Articles of A	nendment and fee are su	bmitted for filing.		-	• • •
Please return all correspond	lence concerning this ma	tter to the following:			
72		Name of Contact Person SIONALL Firm/ Company AIR PANK Address City/ State and Zip Coc	PRETTY SI AVE FL 3278	inc 9	
	E-mail address: (to be us	ed for future annual report	SSICHALLY notification)	PRETIT.	COM
For further information con-	cerning this matter, pleas	e call:			
JATCELLE (COLTMAN Itact Person	at (4-C-†	ode & Daytime Telephone	502_ Number	
Enclosed is a check for the	following amount made p	payable to the Florida Dep	artment of State:	********	** * * * * *
為 \$35 Filing Fcc [\$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		
Division o P.O. Box	nt Section of Corporations	Amend Division Cliftor 2661 E	is enclosed) Address dment Section on of Corporations in Building Executive Center Circle assec, FL 32301		7

16 May 5 My 8:06

Articles of Amendment to Articles of Incorporation

TEN MODEL MANAGEMENT, INC	•
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1200008(050	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
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 abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co word "chartered," "professional association," or the abbreviation "P.A."	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MNTER PARK, FL 32789	NKJ AVE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1303 WFAIRBANN VINTER PARK, F 32789	• •
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 1303 W FAIR-BANKS AVE (Florida street address) New Registered Office Address: WINTER PARK Plorida 3278 ((City) (Zip Code)	3
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar 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.

Example: X Change	PT	John Do	<u>9e</u>	
X Remove	¥	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check Onc)	Title		Name	Address
1) Change		_		
Add				
Remove			/	
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	· · · · ·	_		
Add		1	. '	
Remove		1		
5) Change	_/	./ -		
Add				
Remove	į.			
6) Change		· ·		
Add				
Remove				

E. If amending or adding	ng additional Articles, enter cha	inge(s) here:			
(Attach additional shee	ets, if necessary). (Be specific)				
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F. If an amendment pro	vides for an exchange, reclassif menting the amendment if not o	fication, or cancellation	on of issued sha	res,	
(if not applicable	, indicate N/A)				
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date this document was signed.	, if other than the
Effective date if applicable: 05/05/14- (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
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 east for the amendment(s) was/were sufficient for approval	
by Alisan Skipper & Jaycelle Colituran"	
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 5/7)/14	
Signature TCTHM QM	
(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)	_
JAICELLE COLTMAN	
(Typed or printed name of person signing)	
PTD	
(Title of person signing)	_