## P00 000036208

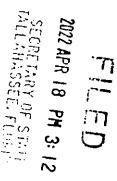
(Re	questor's Name)	<del>-</del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	ECHOBEE, FL 34974	
DOCUMENT NUMBI	P00000036208 ER:		
	f Amendment and fee are su		
Please return all corresp	ondence concerning this ma	tter to the following:	
(	GARY FOWLER		
-	SIGN GUY OF OKEECHOBE	Name of Contact Person E, INC.	
-	216 S PARROTT AVE	Firm' Company	
-	DKEECHOBEE FLORIDA 349	Address 974	
-		City/ State and Zip Code	e
COLLE	ENFOWLER2@GMAIL.COM	1	
<del></del>	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GARY FOWLER		863	467-7446
Name of	Contact Person	Area Coc	le & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee §. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



SIGN GUY OF OKEECHOBEE, INC.

+00000036308 (Document Number of	of Corporation (if known)
	s Florida Profit Corporation adopts the following amendment(s) to
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
• •	216 S PARROTT AVE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	OKEECHOBEE, FL 34974
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	390 SE 16TH AVE
	OKEECHOBEE, FL 34974
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address  GARY FOWLER  Name of New Registered Agent	58:
Counce of Free Action (Carity Carity	<del></del>
(Fiorida s	treet address)
	•
New Registered Office Address:	, Florida (City)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New 1	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: <u>X</u> Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change	Title	Name COLLEEN FOWLER	Address 390 SE 16TH AVE
Add	P	GARY FOWLER	B90SE16th Ave Okechobel, FL3477
Remove 4) Change Add			
Remove 5) Change Add			
Remove  6) Change  Add  Remove	<u></u>		

Attach additional sheets, if necessary).	(Be specific)
<del> </del>	
	•
f an amendment provides for an exch	pange, reclassification, or cancellation of issued shares,
cif not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor applicable, maicale (VA)	
- <del>1</del>	

. .

## 04/14/2022

The date of each amendment(s) a date this document was signed.	option:, if other than
date this document was signed. 04/	4/2022
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were st	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
	(voting group)
☐ The amendment(s) was/were add action was not required.  O4/14/20:	oted by the incorporators, or board of directors without shareholder action and shareholder
Dated	
Dated	
Signature	
selecte	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)  GARY FOWLER
	(Typed or printed name of person signing) PRESIDENT
	Title of person signing)

the

the