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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if	known):	
1. A PLUS UNLI (Corporation Name)	(Document #)	5)6N	TNG.
2(Corporation Name)	(Document #)		
3. (Corporation Name)	(Document #)		
	Photocopy	Certified Copy Certificate of S	tatus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R. Change of Regist Dissolution/With Merger		
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/Q Foreign Limited Partnersh Reinstatement Trademark Other		·

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2006

Lazarus Corporate Filing Service 3320 SW 87th Avenue Miami, FL 33165

SUBJECT: A PLUS UNLIMITED SIGNS, CORP.

Ref. Number: P00000071573



We have received your document for A PLUS UNLIMITED SIGNS, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please fill in the new registered address. Please fill in the date of adoption of the amendment at the top of page 2. Please mark one of the boxes under adoption of amendment (on Page 2).

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

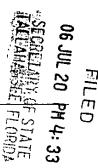
Annette Ramsey Document Specialist

Letter Number: 906A00045918

Articles of Amendment to Articles of Incorporation of

A PLUS UNLIMITED SIGNS; C.CORP.

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



(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:

NEW CORPORATE NAME (if changing):

	poration," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	<u>OPTED- (OTHER THAN NAME CHANGE)</u> Indicate Article Number(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
NICOLAS RAUD	ALES- TAKE OUT COMPLETETLY FROM CORP.
DELETE: NICOL	AS RAUDALES (AGENT)
NEW AGENT:	OORA PACHECO AS NEW AGENT.
	10914 PASO FINO, LAKE WORTH, FLORIDA 33467
	
	(Attach additional pages if necessary)
	les for exchange, reclassification, or cancellation of issued shares, provisions nendment if not contained in the amendment itself: (if not applicable, indicate N/A

(continued)

The date of each amendment	(s) adoption: 7-20-0-6
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action ion was not required.
The amendment(s) shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
selecte	irector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	DORA PACHECO (Typed or printed name of person signing)
	President (Title of person signing)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERD OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE