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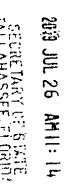
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

May Jul 26 Mill 15 Division of Corporations NAME OF CORPORATION: Sign-O-Saurus, Inc. DOCUMENT NUMBER: P04000061106 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alan Migliorato Name of Contact Person Sign-O-Saurus, Inc. Firm/ Company 3008 S. Hwy 17-92 Address Casselberry, FL 32707 City/ State and Zip Code alan@sign-o-saurus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 Area Code & Daytime Telephone Number Alan Migliorato Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Aruci	es of Amendment		-2
4	lo - «Classymoustium		10 TES
Article	s of Incorporation of	· ·	200 E 1
Sin A		T. a	26 6
019n-0.	- Daurus	INC.	77.0
(Name of Corporation as co	urrently filed with the F	lorida Dept. of State)	The state of the s
Po4i	2000/01/10	/_	- 100% F
	imber of Corporation (if k	<u>()</u>	
(Document Nu	moer of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statute is Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the following	owing amendment(s
. If amending name, enter the new name of the corporat	ion:		
name must be distinguishable and contain the word "corp			The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc. word "chartered," "professional association," or the abbreviola. B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		
		 	
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
· · · · · · · · · · · · · · · · · · ·			
			
			
). If amending the registered agent and/or registered offi	ice address in Florida, e	nter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent			
(Flo	orida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent:	•	
hereby accept the appointment as registered agent. I am fa		e obligations of the posi	tion,
Signature	f New Registered Agent,	if changing	~
GIETHIUT LA	,	g	

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 <math>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 Doe				
X Remove	<u>v</u>	Mike Jones				
	<u> </u>	Sally Smith				
X Add						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	DVT	Eileen Migliorato	7125 Ivy Ct.			
x Add			Winter Park, FL 32792			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
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		•			
an amendment provides for an exch	<u>iange, reclassif</u>	fication, or ca	ncellation of i	ssued shares,	
provisions for implementing the ame	ndment if not	contained in	the amendmer	it itsell:	
(if not applicable, indicate N/A)					
					
	·				
			•	-	
					<u> </u>
					<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/24/2019	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the at by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"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 action was not required.	l shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
07/24/2019 Dated	
Signature (By a director, president or other officer – if directors or officers have	re not been
selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	r other court
Alan Migliorato	
(Typed or printed name of person signing)	
President	
(Title of nerson signing)	