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Harond.
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DC

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: D. S. A.D. SIGNS & Graphics OF Flat BOCUMENT NUMBER: POS 000 114 132	‡νc,	
DOCUMENT NUMBER: POS 000 114 13 2		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Challes Genty Name of Contact Person Accounting a Fit by Cb This Firm/Company 1903 Her who Aven. Address		
Name of Contact Person		
Accounting a Fix by C6 FN.		
Firm/ Company		
1903 Herioles Aven.		
Clearnater Fl. 33763		
City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at () 30 - 696 Y Area Code & Daytime Telephone Number		
Name of Contact Person / Area Code & Daytime Telephone Numl	ber	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address		
Amendment Section Amendment Section	Amendment Section	
Division of Corporations Division of Corporations Division of Corporations Clifton Publisher		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of
A.S. A.D. Signs & Graphics OF Flat ING
(Name of Corporation as currently filed with the Florida Dept. of State)
POS 000 11413 2
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 Shirley LAWYEr
(Florida street address)
New Registered Office Address: harso, Florida 33770 (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. Signature of New Registered Agent, inchanging

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	<u>PT</u> <u>J</u>	John Doe		
X Remove	<u>V</u> <u>N</u>	Mike Jones		
X Add	<u>sv</u> s	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	P	Shirley Langer	1319 Rogina Drw.	
Add		·	hargo, A. 33770	
Remove				
2) Change	<u>_b</u>	Brian Rame	110 Chestart Circle	
Add			Spfety Halber Fl. 34695	
Remove				
3) Change				
Add				
Remove				
4) Change	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			w	
Remove				

	rticles, enter change(s) here: . (Be specific)	
		<u> </u>
· · · · · · · · · · · · · · · · · · ·		
n amendment provides for an ex	change, reclassification, or can	cellation of issued shares,
ovisions for implementing the an	endment if not contained in th	e amendment itself:
(if not applicable, indicate N/A)		
		

The date of each amendment(s) ado	option: 5, 1, 20 2012
Effective date if applicable:	(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 adop by the shareholders was/were suff	ted 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 ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder
Dated	7/20/2012
selected,	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 of fiduciary by that fiduciary)
_	Brian Rawe (Typed or printed name of person signing)
_	(Typed or printed name of person signing)
_	President
	(Title of person signing)