P06000102191

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: SATURN PCB DE	SIGN, INC.		BINDY 2 WILLS	
DOCUMENT NUM	P06000102191			专	
	s of Amendment and fee are su	bmitted for filing.		P	
Please return all corr	espondence concerning this man	tter to the following:			
	KENNETH J. WOOD				
		Name of Contact Person	1		
Firm/ Company					
	2095 BILTMORE PT.				
		Address			
	LONGWOOD, FL 32779			•	
		City/ State and Zip Cod	c		
sale	s@saturnpcb.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	ee call:			
Kenneth J Wood		at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 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 is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment Articles of Incorporation

of

Blake 2 th 1 th (Name of Corporation as currently filed with the Florida Dept. of State) P06000102191 (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: 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 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." 60 SPRING VISTA DR., SUITE B B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) **DEBARY, FL 32713** C. Enter new mailing address, if applicable: 60 SPRING VISTA DR., SUITE B (Mailing address MAY BE A POST OFFICE BOX) DEBARY, FL 32713 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 2095 BILTMORE PT (Florida street address) LONGWOOD New Registered Office Address: (City) 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, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Kenneth J. Wood	2095 BILTMORE PT
Add			LONGWOOD, FL 32779
Remove			
2) Change		_	_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

. . . .

The date of each amendment(s) adoption:	10/05/2018	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes east for the amer or approval.	ndment(s)
	the shareholders through voting groups. The following ng group entitled to vote separately on the amendment	
	nendment(s) was/were sufficient for approval	
by	voting group)	
(1	voung group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and sh	areholder
■ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareh	older
Dated 10-29-	-201D	
Signature	Q town	
selected, by an in	resident or other officer – if directors or officers have n accorporator – if in the hands of a receiver, trustee, or of ary by that fiduciary)	
	TH J. WOOD	
NENNE I		
n de	(Typed or printed name of person signing)	
President ———		
	(Title of person signing)	

. . . .