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2008 NOV -7 AM 10: 15

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MB S	SIGNS GROW INC.
DOCUMENT NUMBER: Po 800	0003056().
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Canlos Oce (Name of C	•
MBSIGNS GRO	Ompany)
	ROD ROAD SLITE 125 ddress)
ONLANDO, FL.	32807
(City/ State	and Zip Code)
For further information concerning this matter, ple	ease call:
CANUS OUTON (Name of Contact Person)	at (407) 574-2500 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F£ 32301

## **Articles of Amendment** to

	ED
2008 NOV -7	AM 10: 15
SECRETARY CALLAHASSEE	FINE.

Florida\_\_\_\_\_(Zip Code)

Articles of fileorph	pration "" (V) - / AMID.						
of	SEMONY -/ AM 10: 15						
MB SIGNS GROW INC	TALLAHASSEE FLORES						
(Name of Corporation as currently filed with the Florida Dept. of State)							
1.0.800003	0561						
(Document Number of Corpora	tion (if known)						
Pursuant to the provisions of section 607.1006, Florida State following amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the						
A. If amending name, enter the new name of the corporation	on:						
MB, SIGN GROWD INC.							
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co".  "Co". A professional corporation name must contain association," or the abbreviation "P.A."	,," or the designation "Corp," "Inc," or						
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	SVITE 1000 #231						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ORIANDO, FL. 32828  425. S. AVAION PARK BLUD- SUITE 1000 #231  ORIANDO, FL. 32828						
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad							
Name of New Registered Agent:							
New Registered Office Address: (Flor	ida street address)						

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

The date of each	mendment(s)	adoption:	NOV	4-	3006	3	
Effective date <u>if a</u>	pplicable:	Invelo no more than 90	DIATEL	7			
	(1	o more than 90	days after at	nendment fil	e date)		<del></del>
						•	٠
Adoption of Amer	ndment(s)	(СН)	ECK ONE)	•	• ,	<i>,</i> •	,. ··· .
The amendment by the sharehold		adopted by the s sufficient for a			of votes cas	t for the ar	mendment(s)
The amendmen must be separa		approved by the					
"The numb	er of votes cas	t for the amend	ment(s) was/v	were sufficie	nt for approv	al	,
by			* *	٠.,	, 1	•	•
·,	(vi	oting group)	• •	<del></del> .	•		•
The amendmen action was not	t(s) was/were	adopted by the i	incorporators	without shar	eholder actio	n and shar	eholder
I	Dated	ov. 4.	<u>th</u> 20	78 00			
S	lignature	director, preside	or other of	ficer – if dire	ectors or offic	cers have	not been
	selecte	d, by an incorporated fiduciary by	orator – if in t	the hands of			
	_		nos			·	_
		(Тур	ed or printed	name of pers	on signing)		
			PRES	inser!			_
	_		(Title of per	son signing)			-