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JUL 10 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P09000101440

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDMOND STRAKOSHA

Name of Couract Person-

Firm' Company

8016-118TH AVENUE NORTH

Address

LARGO, FLORIDA 33773

City/ State and Zip Code

TEDSHARPCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

EDMOND STRAKOSHA

at (127

_ at (727 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NOVEL SIGNS, INC.			
(<u>Name of Corporation as currently</u>	filed with the Florida Dept. of State)		
P09000101440			
(Document Number of C	Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fo	llowing amendi	uent(s) to
A. If amending name, enter the new name of the corporation:			
		Then	
 name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: 	o". A professional corporation name		
 (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address; 	ss in Florida, enter the name of the	17 JU - 3	- -
Name of New Registered Agent		<u>- 5</u> 0	
(Florida stree	anddress)	<u> </u>	
<u>New Registered Office Address:</u> (((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, 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. Example:

X Change <u>PT</u> John Doe X Remove \underline{V} Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) VΡ STEFAN KUMI 813 HILLCREST AVENUE 1) ____ Change XXX _____Add CLEARWATER, FL 33756 _ Remove 2) ____ Change _____ Add ____ Remove 3) ____ Change ____ Add _____ Remove 4) ____ Change ____ Add ___ Remove 5) ____ Change ____ Add _____ Remove 6) ____ Change ____ Add Remove

F	If amending or adding additional Articles, enter change(s) here:
• - •	(Attach additional sheets, if necessary). (Be specific)
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)
	(i) not applie arre, macule (MA)
	· · · · · · · · · · · · · · · · · · ·

-			
The date of each amendment	(s) adoption:		, if other than the
date this document was signed.			
	JUNE 22, 2017		
Effective date <u>if applicable</u> :			
		(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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 shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

06/22/2017 Dated Signature (By a director, president or other officer - if directors or officers have not been

selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EDMOND STRAKOSHA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)