# P10000014966

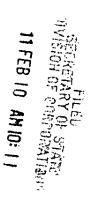
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C.COULLIETTE
FEB 1 1 2011

EXAMINER

## CUYEK LETTEK

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	Mc CRAN	118 PRODUCT	- ENGINERAND INC
			<del></del>
DOCUMENT NUMBER:	610000	214 276	<del></del>
The enclosed Articles of Amenda	ment and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
A	Mc MAC	CRAWIE	
	Name of	f Contact Person	
	Firm	n/ Company	<del> </del>
- 26	( A	( -	
		o Court	
	11	Address	
SAF	ETY HA	Address  RBOR F(	34895
	City/ Sta	ite and Zip Code	
nda	m a m ccra	NIE Q CMC	il.com
E-mail ac	ldress: (to be used for fi	iture annual report notificatio	n)
For further information concerning	ng this matter, pleas	e call:	
Ann McCon	\ (	777 . 709	7-3KRD
Name of Contact Person	n	Area Code & Daytime	Telephone Number
Enclosed is a check for the follow	ving amount made p	ayable to the Florida De	partment of State:
	ing Fee & [ e 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)
<b>Mailing Address</b>	_	Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center C	ircle

Tallahassee, FL 32301

## Articles of Amenament

to

# **Articles of Incorporation**

οf

P100000	14966	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation add	opts the following
A. If amending name, enter the new name o	of the corporation:	
SIGNALS AND SY	ISTEMS, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "incorporate designation "Corp," "Inc," or "Co". A professional cofessional association," or the abbreviation "P.A."	ed" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		_
	Same	- <u>-</u> So
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		SCORETA SIGH OF 1 FEB 10
	SpmL	0.0140 Control
D. If amending the registered agent and/or	registered office address in Florida, enter the name of t	
new registered agent and/or the new regi	istered office address:	
Name of New Registered Agent:	SAME	.,
New Registered Office Address:	(Florida street address)	
	, Florida	<del></del>
New Registered Agent's Signature, if changi	ing Pagistared Agent.	
	agent. I am familiar with and accept the obligations of th	e position.
	Signature of New Registered Agent, if changing	

# Title Name Address Type of Action Add Remove Add Remove | Add Remov

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 ne gate of each amenum	enus) adoption:
Effective date <u>if applicabl</u>	e: (date of adoption is required)
Enecuve date <u>ii applicabi</u>	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement olded for each voting group entitled to vote separately on the amendment(s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval
by	• • • • • • • • • • • • • • • • • • • •
	(voting group)
action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	Dana ()
S	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)
	HOAN MCCRANIC
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)