# P10000025205

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>: #)</del>
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
FALLAHASSEE FLORID
10 NOV -4 AM 8: 49

Amend Cus (a 11/8/D

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	RATION: AD	ART SIGNS INTERNATION	AL, INC	
DOCUMENT NUM	BER:	P10000025265		
The enclosed Articles	s of Amendment and fee a	are submitted for filing.		
Please return all corre	espondence concerning thi	is matter to the following:		
_		KEITH LEWIS		
	N	Name of Contact Person		
	AD ART SIG	ONS INTERNATIONAL, INC.		
		Firm/ Company		
	301 W A	TLANTIC AVE SUITE O-5		
		Address		
	DELF	RAY BEACH FL 33444		
<del></del>	C	City/ State and Zip Code		
	info@adarts E-mail address: (to be use	signsinternational.com ad for future annual report notification)	<del></del>	
For further information	on concerning this matter,	please call:		
KE	EITH LEWIS	at ( 561 ) 404		
Name of	Contact Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check f	or the following amount n	nade payable to the Florida Departn	nent of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Add Amendment S Division of C P.O. Box 632	Section orporations 7	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

### **Articles of Amendment**

to

A	rticl	es c	f I	nec	rp	ora	tio	n

	of the state of th	1 .	
AD Art Signs Ir	Hernoti	onal INC	
(Name of Corporation as currently filed wit	th the Florida Dept. o	of State)	
P1000002526			
(Document Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Pr	cofit Corporation adopts	the following
A. If amending name, enter the new name of the corpora	tion:		
		au	The new
name must be distinguishable and contain the word "coabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "C	ny," or "incorporated" o". A professional corp	or the
B. Enter new principal office address, if applicable:			艺
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)		6
	•		<b>5</b>
			- SHO
C. Enter new mailing address, if applicable:			至三
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			٠ وي م
	<del></del>		
D. If amending the registered agent and/or registered off		a, enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	<del></del>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: (FI	lorida street address)		
		, Florida	
——————————————————————————————————————	(ty)	(Zip Code)	<del></del>
Now Degistered Agent's Signature if shanging Degistered	l Agonto		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		ot the obligations of the po	osition.
	-	•	
Signature of N	ew 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	GEORGE ISTVAN	301 W ATLANTIC AVE SUITE O-5 DELRAY BEACH FL 33444	_ ☐ Add _ ☑ Remove
CFO_	CHRISTINA WHITEACRE	301 W ATLANTIC AVE SUITE O-5 DELRAY BEACH FL 33444	_ ☐ Add ☐ ☑ Remove
<u>VP</u>	KEITH LEWIS	301 W ATLANTIC AVE SUITE O-5 DELRAY BEACH FL 33444	_ □ Add □ ☑ Remove
	nding or adding additional Articles, ento additional sheets, if necessary). (Be spe		
	<del> </del>		
	mendment provides for an exchange, re		
	not applicable, indicate N/A)		

## 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)

<u>Title</u>	Name	Address	Type of Action
PSTD	KEITH LEWIS	301 W ATLANTIC AVE SUITE O-5 DELRAY BEACH FL 33444	☑ Add □ Remove
			☐ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter c ional sheets, if necessary). (Be specific	nange(s) nere:	
	idment provides for an exchange, recla for implementing the amendment if n		
(if not a	applicable, indicate N/A)		<del></del>
			•
			<b>36</b> 10

The date of each amendment(	s) adoption: November 01, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	,,,
(	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
✓ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated NOVI	EMBER 01, 2010
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	KEITH LEWIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)