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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: M.E. SIGNS,INC		
DOCUMENT NUMI			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ERIK BONILLA		
		Name of Contact Person	n
	M.E. SIGNS,INC		
		Firm/ Company	
	3200 NW 23 AVE STE 100	, ,	
	· · · · · · · · · · · · · · · · · · ·	Address	·- · · · · · · · · · · · · · · · · · ·
	POMPANO BEACH FL, 33	069	
		City/ State and Zip Cod	e
ERIK	@MESIGNS.COM		
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call;	
ERIK BONILLA		954	747-9996
Name of Contact Person		Area Co) 747-9996 de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 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	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

M.E. SIGNS.INC

(Name of Corporation a	as currently filed with the Florida Dept. of State)
P1(NXXX)32949	
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	ooration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	ESS)
	THE TOTAL THE TABLE TO THE TABL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SS E
D. If amending the registered agent and/or registered o	1 office address in Florida, enter the name of the
new registered agent and/or the new registered office	fice address:
Name of New Registered Agent	N/A
•	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	tered Agent:
	ım familiar with and accept the obligations of the position.
Signatur	are 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	S		MARLON SEBELEN	3200 NW 23 AVE SUITE 100	
X Add				POMPANO BEACH FL 33069	
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

	ding additional Articles, enter change(s) heets, if necessary). (Be specific)	<u>/</u> .
	A	
·		
		
		·
f an amendment	provides for an exchange, reclassificatio	on, or cancellation of issued shares.
provisions for im	plementing the amendment if not contai	
	ible, indicate N/A)	
<u>N</u>		
'		

The date of each amendment(s) adoption: late this document was signed.	July 26, 2018	if other than the
Ť	210 , 2018 (no more than 90 days after amendment file do	nte)
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements	ents, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the a approval.	mendment(s)
	e shareholders through voting groups. The follow group entitled to vote separately on the amenda	
"The number of votes cast for the amer	adment(s) was/were sufficient for approval	
by	ing group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and	d shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sha	ireholder
Dated		
	ident or other officer – if directors or officers have proporator – if in the hands of a receiver, trustee, or by that fiduciary)	
<u>E</u>	Typed or printed name of person signing)	
	ρ	
	(Title of person signing)	- · · · ·