## P11000062019

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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'JUL 1 4 2014 C. CARROTHERS



June 25, 2015

ARDEN DITTMER
DITTMER & ASSOICATES INC
PO BOX 14126
CLEARWATER, FL 33766-4126

SUBJECT: DITTMER AND ASSOCIATES, INC.

Ref. Number: P11000062019

We have received your document for DITTMER AND ASSOCIATES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

ARTICLES OF CORRECTION CAN ONLY BE USED WITHIN 30 DAYS FROM THE DATE OF THE FILING YOU AR CORRECTING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 215A00013423

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee. FL 32314

NAME OF CORPORATION: DITTMEY & ASSOCIATES INC.				
DOCUMENT NUMBER: PIIDOO62019				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Arden Dittmer Name of Contact Person				
Dittmer & ASSOCIATES In (. Firm/Company				
3276 mulborny Dr. Address				
CICARWATCE FL 33761 City/ State and Zip Code				
Arden @ Around The Town Signs. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Arac Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following	ig amendr	ment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must		on
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: (Mailing address MAY BE A POST OFFICE BOX)		₩ 07 1	. 2015 JUL -8
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	THE STATE	- 新H: 16
Name of New Registered Agent		— —	
(Florida stree	t address)	_	
New Registered Office Address:	, Florida		
	City) (Zip	Code)	_
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.		
Signature of New Rea	vistered 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 De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l)Change	CFO	<u>)</u>	Tina Williams	10960 N. Banner
Add Remove				Rd., El Rono OK 73036
2) Change Add		_		
Remove				
3 ) Change Add				
Remove				
4) Change Add		<del></del>		
Remove				
5) Change		_		, d., Ada ( <u>a</u>
Remove				
6) Change		_		
Add				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
The state of the s			
			<u> </u>
	·		· <u>.</u>
		•	
If an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation and ment if not contained in the amen	on of issued shares, idment itself:	
(if not applicable, indicate N/A)			
			<del></del>
		<del></del>	

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amer fficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/were add action was not required.  Dated	opted by the incorporators without shareholder action and shareh	older
Signature		
(By a d	irector, president or other officer — if directors or officers have n d, by an incorporator — if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	
	Acres DIFFMER (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	,
	CEO A PRES	

(Title of person signing)