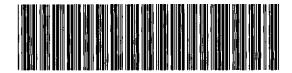
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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #	f)
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PICK-U	P WAIT	MAIL
	(Business Entity Name)
	(Document Number)	
Certified Copies	Certificates o	of Status
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Special Instruction	s to Filing Officer:	:
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Office Use Only



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Amendice Midlid

COVER LETTER

TO: Amendment Section Division of Corporations

	IGHTIST, INC.
DOCUMENT NUMBER: P110	00095740
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	Name of Contact Person
<u> </u>	NTIST, INC
082	Firm/Company CENTRAL Ave
Noko	Address Mis, FL. 34275 City/ State and Zip Code
SIGNGO E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
JON PRIESTAY Name of Contact Person	at (94) 484-9169 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount in	nade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassec, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

DINSTONE)	## B
ROCT 17	
	PM 12: 12

SIGNTIST, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000095740

(Document Number of Corporation (if kg

ent(s) to

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	NA NA	
ne must be distinguishable and contain the word "corporation, orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cord" "Corp," "Inc," or "Cord" chartered," "professional association," or the abbreviation "P.	o". A professional corpor	
Enter new principal office address, if applicable:		
incipal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office addre	ss in Florida, enter the na	me of the
new registered agent and/or the new registered office address:		
		-
new registered agent and/or the new registered office address: Name of New Registered Agent		-
new registered agent and/or the new registered office address:		-
new registered agent and/or the new registered office address: Name of New Registered Agent		(Zip Code)

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 Doc			
X Remove	<u>v</u>	Mike Jones			
	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change	5	Franklin	s Freedom	, 580 Cen Nokonis	steal ase
Add			-	Nokamis	, 11. 3A27
Remove			-		
2) Change					
Add			-	1.0	
Remove			-		
3) Change					
Add			-	· · · · · · · · · · · · · · · · · · ·	
Remove					
4) Change					
Ad d			-		
Remove					
5) Change					
Add			-		,,_
Remove					
6) Change					
Add			-		
Remove					

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	ALL CONTRACTOR AND ADDRESS OF THE ADDRESS OF THE ALL CONTRACTOR AND ADDRESS OF THE ADDRESS O
If an amendment provides for an exchange	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
M44	

The date of each amendment(s) adop Effective date <u>if applicable</u> :	tion: 10/11/2012 10/11/2012 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) tient for approval.
	ved by the shareholders through voting groups. The following statement ch 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)
action was not required.	d by the board of directors without shareholder action and shareholder deal by the incorporators without shareholder action and shareholder
Dated 10/1	1/12
55	Huestal
selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Paesident
	(Title of person signing)