## P12000024135

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TALLAHASSEE, FLORIDI

Amend 7/20/12 RW

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ANGEL SIC	SNAL LOOP IN	C
DOCUMENT NUMBER: P1200002413		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
ROBERTO ANCA	1	
	Name of Contact Person	n
ANGEL SIGNAL	LOOP INC	
<del></del>	Firm/ Company	
7290 W 29 AVE		
	Address	
HIALEAH GARDE	ENS FL 33018	·
	City/ State and Zip Cod	e
NICOTCAREL@YAH	100,COM	
	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
ROBERTO ANCA	at (786	_, 255-9828
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fec & 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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation of



## ANGEL SIGNAL LOOP INC

12 JUL 20 PH 4: 34

(Name of Corporation as currently filed with the Florida Dept. of State) P12000024135 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **ROBERTO ANCA** Name of New Registered Agent 7290 W 29 AVE (Florida street address) HIALEAH GARDENS (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	NICOT, CAREL	
Add X Remove			
2) Change	<u>VP</u>	VALDES, TERESA	
Add X Remove			
3) Change	P	ROBERTO ANCA	7290 W 29 AVE
X Add Remove			US HIALEAH, FL 33018
4)Change			
Add			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)
	No. 100 100 100 100 100 100 100 100 100 10
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The state of the s	
	T TRATILES.
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 7/14/2012		
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 ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each 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.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
Dated 7/14/20	012	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
<b>ч</b> рреш.	ROBERTO ANCA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	