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Amend/NC epitho dete 10-1-12



SEP 2 5 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIGNCHUXE IMPRESSIONS by Tito, in	
DOCUMENT NUMBER: PIACCO SSSO4	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rachel M Russick Name of Contact Person Signature Impressions by Tito Inc.	
Signature Impressions by Tito, Inc.	
2816 E. Robinson St Address	
Cricindo, FL 32803 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rechel Rossicie at (381) 285-1193 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Effect po 1 /2

Articles of Inc	. -	
SI GMATULE AMPLESSIONS BY (Name of Corporation as currently filed with the F	TITO DONE.	
<u> </u>		
(Document Number of Corporation (i	ii known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
Signature Impressio	ins. Inc.	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abl 'Co". A professional corporation name must co	breviation
B. Enter new principal office address, if applicable:	2816 E. Robinson St	- .
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Orlando, FL 32803	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2816 E. Robinson St	
	Orkindo, FL 32803	
		**
	The state of the s	H ·····
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ress in Florida, enter the name of the	72
new registered agent and/or the new registered office address		
Name of New Registered Agent	NIA S	
		S. F. WILL
(Florida str	reet address)	
New Registered Office Address:	, Florida	de la companya de la
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		
i nereoy accept the appointment as registered agent. I am jamittar v	чин ана ассері те обпуаноть ој те розиют. -	
N\Y	<u> </u>	
Signature of New Registered A	ageni, ij 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		<u>alu</u>	NA
Add			
Remove			
2) Change		Alu	NA
Add			
Remove			
3) Change		n h	NA
Add			
Remove			
4) Change		nlu	N/A
Add			
Remove			
5) Change		Alu	NA
Add			
Remove			
6) Change		NA	N/A
Add			·
Remove			

E. If amending or adding addition (Attach additional sheets, if necessity)			ere:	
Shareholder -	- Roichel	Μ.	RUSSICK:	70%
<u> </u>				
Share holder -		Μ.	Rodrigoe	7 30 10
/ / /				
		 		<u> </u>
		,		
		<u> </u>		
F. If an amendment provides for	an exchange, reclass	sification,	or cancellation of issued	shares,
provisions for implementing to (if not applicable, indicate		t contain c	a in the amenament itse	<u>II:</u>
NA	<u></u>			•
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			•	Э

The date of each amendment(s) adoption: September 17, 2012
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 9/17/12
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Rachel M. Russick (Typed or printed name of person signing)
Vice President Office Manager (Title of person signing)