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COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPORATION: SHARK SIGN'S OF NE FL, INC.				
DOCUMENT NUM	BER: P1200007883	2		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	Please return all correspondence concerning this matter to the following:			
	AMBER RAULEF	RSON		
	SHARK SIGN'S	Name of Contact Perso OF NE FL, INC.	n	
		Firm/ Company		
	7030 NORTH MAIN STREET			
		Address		
	JACKSONVILLE,	, FLORIDA 3220	08	
		City/ State and Zip Cod	е	
AMBER@SIGNSHARKS.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
AMBER RAU	JLERSON	at (904	, 766-6222	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 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)	
· · · · · · · · · · · · · · · · · · ·	iling Address		Address	
Amendment Section Amendment Sec				
Division of Corporations		IJIVISIO	on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHARK SIGN'S OF NE	·		
	currently filed with the Flor	rida Dept. of State)	
P12000078832			
(Documen	t Number of Corporation (if k	cnown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this FA	orida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
SHARK SIGNS OF NE F			The new
name must be distinguishable and cont	tain the word "corporation, ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the o". A professional corporation name mu A"	abbreviation
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)		<u></u>
<u> </u>	,		a (2).
C. Enter new mailing address, if appli	iaa blar	A1/A	2 84 84
(Mailing address MAY BE A POST)		N/A	
			3 390
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
	N/A		
Name of New Registered Agent	11//		
	(Florida stree	t address)	
New Registered Office Address:	N/A	, Florida(Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I <mark>am familiar w</mark> i	th and accept the obligations of the position	on.
i)	anature of New Registered Ac	pent 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 <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	<u>Addres</u> s
1) Change	V	MICHAEL MORGAN	7030 NORTH MAIN ST.
Add			JACKSONVILLE, FL
Remove			32208
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

fan amandmant provides for an aval	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)	
4	
-	
V	

date this document was signed.	doption:	, if other than the
Effective date if applicable:	A	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 11 2	5/2013	
Signature	mber Rouleison	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	AMBER RAULERSON	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	