# <u>PIV0000019</u>

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R. WHITE NOV 3 C 2018 ECRETARY OF STATE

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: SIGN BOYS INC. DOCUMENT NUMBER: P14000032880 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DONNA STEVENS Name of Contact Person SIGN BOYS INC. Firm/ Company 9409 SWIFT CREEK CIRCLE Address DOVER, FL 33527 City/ State and Zip Code DONNA\_STEVENS@TAMPABAY.RR.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 626-1000

Area Code & Daytime Telephone Number DONNA STEVENS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

#### Articles of Amendment to Articles of Incorporation of

## FILED

2018 NOV 26 PM 3: 55

(Name o	f Corporation as curren	tly filed with the Floridg Dept. of State)
SIGN BOYS INC.		TALLAHASSEE
<del></del>	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address,	if annlicable:	DONNA STEVENS
Principal office address MUST BE A S		9409 SWIFT CREEK CIRCLE
		DOVER, FL 33527
C. Enter new mailing address, if appli (Mailing address MAYBE A POST of address)  D. If amending the registered agent an new registered agent and/or the new	<u>OFFICE BOX</u> ) d/or registered office add	
	DONNA STEVENS	
Name of New Registered Agent	9409 SWIFT CREEK CI	RCLE
		ireet address)
	DOVER	33527
New Registered Office Address:		Florida Circuita
<u>New Registered Office Address:</u>		(City) (Zip Code)
New Registered Agent's Signature, if cl	ered agent. I am familian	nt:  with and accept the obligations of the position.  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:

 $P \sim President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.$ 

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 Do	<u>e</u>			
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) X Change	Р		DONNA STEVENS	9409 SWIFT CREEK CIRCLE		
Add				DOVER, FL 33527		
Remove						
2) Change						
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add	<u>.</u>	_				
Remove						

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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16	
man amendment provides for an excu	nange, reclassification, or cancellation of issued shares, and and and an and an and an analysis of the angellation of itself:
(if not applicable, indicate N/A)	ndifferit if not contained in the amendment users.
(y no appretine, matthe 1921)	
	<del></del>
	TR- 182

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	11//2/2018	
Effective date <u>if applicable</u> : _	11/13/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehol	lder
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/13/1 Dated	2018	
Signature		
sel	a director, president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other econited fiduciary by that fiduciary)	
	DONNA STEVENS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .