# PIYOOB914

| (Re                                     | equestor's Name)   |                    |  |  |
|---|--------------------|--------------------|--|--|
| (Ac                                     | ldress)            |                    |  |  |
| (Ac                                     | ldress)            |                    |  |  |
| (Ci                                     | ty/State/Zip/Phone | <del>&gt;</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL               |  |  |
| (Bu                                     | usiness Entity Nan | ne)                |  |  |
| (Do                                     | ocument Number)    |                    |  |  |
| Certified Copies                        | Certificates       | of Status          |  |  |
| Special Instructions to Filing Officer: |                    |                    |  |  |
|   |                    |                    |  |  |
|   |                    |                    |  |  |
|   |                    |                    |  |  |
| <u> </u>                                |                    |                    |  |  |

Office Use Only



100260728181

06/02/14--01002--004 \*\*35.00

N JAMO

JUN 17 2014

R. WHITE

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|  | ATION: BAD ASS S<br>ER: P1400003891         |  | NC   |  |  |
|--|---|--|--|--|--|
| The enclosed Articles o  | f Amendment and fee are su                  | bmitted for filing.  |  |  |  |
| Please return all corresp  | ondence concerning this mat                 | tter to the following:   |  |  |  |
| ľ  | MATTHEW D WI                                | LSON   |  |  |  |
| _  |   | Name of Contact Person   | 1  |  |  |
| -  |   | Firm/ Company  |  |  |  |
| _  | 11225 RESTWOOD DR                           |  |  |  |  |
| _  | CIRCONTON EL                                | Address  |  |  |  |
|  | GIBSONTON, FL                               | City/ State and Zip Code   |  |  |  |
| DEN  | MCPA@HOTMAI                                 |  | •  |  |  |
|  |   | ed for future annual report  | notification)  |  |  |
| For further information  | concerning this matter, pleas               | e call:  |  |  |  |
| MATTHEW D  | WILSON                                      | at (813  | , 230-2546   |  |  |
| 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) |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301 |  |  |

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

|    | -      | Eŋ |    |   |
|----|--------|----|----|---|
| 14 | JUN -2 | ZΧ | ද: | i |

# BAD ASS SIGNS TOO, INC

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

# P14000038914

(Document Number of Corporation (if known)

ent(s) to

| A. If amending name, enter the new name of t<br>BACKYARD CANVAS & SIGI   | IS INC  | 'he ne   |
|--|---|----------|
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o | word "corporation," "company," or "incorporated" or the abbi<br>orp," "Inc," or "Co". A professional corporation name must co | reviatio |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET  |   |          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | <i>BOX</i> )  |          |
|  |   |          |
| D. If amending the registered agent and/or re<br>new registered agent and/or the new regist  | istered office address in Florida, enter the name of the red office address:  |          |
| new registered agent and/or the new regist   |   |          |
| new registered agent and/or the new regist   | red office address:   |          |
| new registered agent and/or the new regist   | red office address:  (Florida street address)   |          |

# 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 Do        | <u>De</u>       |                      |
|----------------------------|--------------|----------------|-----------------|----------------------|
| X Remove                   | <u>V</u>     | Mike Jo        | <u>ones</u>     |                      |
| _X Add                     | <u>sv</u>    | Sally Sr       | nith            |                      |
| Type of Action (Check One) | <u>Title</u> |                | <u>Name</u>     | <u>Addres</u> s      |
| 1) Change                  | VP           | . <del></del>  | MARTIN R BALSER | 567 MAIN ST          |
| Add                        |              |                |                 | MIDDLEBURG, PA 17842 |
| Remove                     |              |                |                 |                      |
| 2) Change                  |              |                |                 |                      |
| Add                        |              |                |                 |                      |
| Remove                     |              |                |                 |                      |
| 3) Change                  |              |                | <del></del>     |                      |
| Add                        |              |                |                 |                      |
| Remove                     |              |                |                 |                      |
| 4) Change                  |              | _              |                 |                      |
| Add                        |              | . <del>_</del> |                 |                      |
| Remove                     |              |                |                 |                      |
| 5) Change                  |              |                |                 |                      |
| Add                        |              | <del></del>    |                 |                      |
| Remove                     |              |                |                 |                      |
|                            |              |                |                 |                      |
| 6) Change                  |              |                |                 | <del></del>          |
| Add                        |              |                |                 |                      |
| Remove                     |              |                |                 |                      |

| ٠, | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)   |  |  |  |
|----|--|--|--|--|
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| 1  | an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |  |  |  |
| 1  | (if not applicable, indicate N/A)  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| -  |  |  |  |  |
| _  |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
|    |  |  |  |  |
| _  |  |  |  |  |
| _  |  |  |  |  |
| _  |  |  |  |  |

| The date of each amendment(s) ad                              | option:   | , if other than the |
|---|---|---------------------|
| date this document was signed.                                |   |                     |
| 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 | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.  |                     |
|   | roved 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)  |                     |
|   | (voting group)  |                     |
| The amendment(s) was/were ado action was not required.        | pted by the board of directors without shareholder action and shareholder   |                     |
| The amendment(s) was/were ado action was not required.        | pted by the incorporators without shareholder action and shareholder  |                     |
| Dated   | 2   |                     |
| Dated   | 10 - TH 150/  |                     |
| Signature   | allau Iller   |                     |
|   | rector, president or other officer - if directors or officers have not been   | <del></del>         |
|   | i, by an incorporator – if in the hands of a receiver, trustee, or other court  |                     |
| appoint   | ed fiduciary by that fiduciary)   |                     |
|   | (Typed or printed name of person signing)   |                     |
| •   | (Typed or printed name of person signing)   |                     |
|   | President   |                     |
| •   | (Title of person signing)   | <del></del>         |