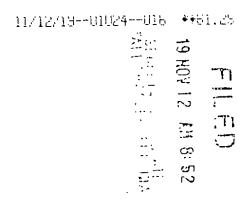
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SIGN FX, INC		
DOCUMENT NUMBER: P15000058850		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
William E Burns		
 	Name of Contact Person	
WEB Enterprises, Inc		
	Firm/ Company	
PO Box 1328		
	Address	
Sorrento, FL 32776-132	28	
	City/ State and Zip Code	
webenterprisesfl@aol.com		
E-mail address: (to bo	used for future annual report i	notification)
For further information concerning this matter, pl	case call:	
William E Burns	at (<u>352</u>	360 . 3282
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depa	rtment of State:
\$35 Filling Fee Certificate of Status		■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Amend Divisio	Address ment Section n of Corporations

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

Articles of Amendment to Articles of Incorporation of

SIGN FX, INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000058850 (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: N/A 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." 3953 St John's Pkwy B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sanford, FL 32771 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: W) Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) (Zip Code) 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.

Example: X Change	<u>PT</u>	John Doe		
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	
I) Change	S	Christopher Defronzo	3953 St John's Pkwy	
Add			Sanford, FL 32771	_
XX Remove				-
2) Change	T	William E Burns	3953 St John's Pkwy	-
Add			Sanford, FL 32771	
xx Remove			<u>×0</u>	r ₁
3) Change	· · · · · · · · · · · · · · · · · · ·		, 153	
Add				
Remove			—————————————————————————————————————	-
4) Change				-
Add				-
Remove				-
5) Change				_
Add				-
Remove				-
6) Change		_		-
Add				-
Demove				

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)			
N/A				
				
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	2	æ	_
provisions for implementing the ame	ndment if not contained in the amendment itself:		% ଆ	
(if not applicable, indicate N/A)		:•		
N/A				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	-1
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder 20 Ti
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder 22
11/06/19	
Dated	: 52 : 11:
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
William E Burns	
(Typed or printed name of person signing)	
Incorporator / REGISTERFED AGENT	
(Title of person signing)	