P180000/4538

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SEERE INDY OF STATE ALLAHASSEE, FLORIDA

APR 0 6 2013 T. LEMAZUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SIGNATURE AID	GROUP, INC.		
DOCUMENT NUME	BER: P18000014538			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Michael Morcos			
	·	Name of Contact Person		
		Firm/ Company		
	14 NE FIRST AVE., 10TH F	LOOR		
	Address			
	MIAMI, FL 33132			
		City/ State and Zip Code		
Tom(@Shakerinc.Net			
 ,	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Tom Shaker		at (818	567-2100	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment 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 endment Section		Address ment Section	
Division of Corporations		Division of Corporations		
B.O. D. (227		Olia - Dullaina		

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

Articles of Amendment to Articles of Incorporation of

SIGNATURE AID GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000014538 (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: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) 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.

Frample:

X Change	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>N</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	GHOBRIAL, VENICE	5934 TERN DR.
Add			NEW PORT RICHEY, FL 34652
X Remove			
2) Change	VP	GHOBRIAL, VENICE	14 NE FIRST AVE., 10TH FLOOR
Add			MIAMI, FL 33132
X Remove			
3) Change	P	Michael Morcos	14 NE FIRST AVE., 10TH FLOOR
X Add			MIAMI, FL 33132
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
, <u>, , , , , , , , , , , , , , , , , , </u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s)	03/30/3018	, if other than the
date this document was signed.	uuopiion.	, if other than the
•	30/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	eent
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were actions are actions as a second required.	opted by the board of directors without shareholder action and sharehold opted by the incorporators without shareholder action and shareholder	er
action was not required.		
03/30/201	8	
Dated		
	4. 1.	
Signature		1011 1221
	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 counted fiduciary by that fiduciary)	n
	Michael Morcos	
	(Typed or printed name of person signing)	•
	President	
	(Title of person signing)	