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COVER LETTER

TO: Amendment Section

Division of Corpe	orations			
NAME OF CORPOR	RATION: JKP S	ignature Service	ces INC	
DOCUMENT NUMI	ration: <u> </u>	16264		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
		Irette Penalu	ε ć	
		Name of Contact Person	n	
	<u></u>	Firm/ Company		
	8200 NW 41	st ste 200	Doral (L 33166	
	Dora	St Ste 100 Address Address City/ State and Zip Cod	166	
	<u> </u>	City/ State and Zip Cod	c .	
	5KQ signo	ducservices Ogn	nail, com	
_	E-mail address: (to be us	sed for future annual report	notification)	
For ather information	concerning this matter, pleas	se call:		
Tiette	Pendrer	at (786	832 9718 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
		Tallaha	issee, FL 32303	

Articles of Amendment to Articles of Incorporation of

THE SIGNION DERVICES	INC
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
₹23 ∞0	016264
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>0:</u>
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "I	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	8200 NW 91 St ste
(Principal office address MUST BE A STREET ADDRESS)	200 Doral F1 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8200 NW AI ST STE
(Muning namess MAT DEAT OF THE BOX)	200 Doral FL 33166
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	lress:
(Florid	la street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil.	liar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 ((11) (e), F.S.

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 Expertive 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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add	-		
Remove			
Add		•	
Remove			
5) Change			
, Add			
Remove			
			
Change			
Add			
Remove			

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amendment provides fo	or an exchange, recla	ssification, or cand	ellation of issued sl	ares.	
visions for implementin (if not applicable, indica	g the amendment if r	not contained in the	e amendment itself:		
(g not applicative, mateu	ie iunj				
18-14-1					
	Provide the second seco				· ·
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					·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file	e date)
No. If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without s action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fo must be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
Signature	
(By a director, president or other officer – if directors or officers l	
selected, by an incorporator – if in the hands of a receiver, thistee appointed fiduciary by that fiduciary)	e, or other court
Twetle Perchar (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	