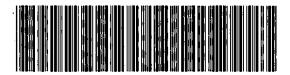
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PICK-UI	P WAIT	MAIL	
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Certified Copies	Certificates of	Status	
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Special Instructions	s to Filing Officer:		

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SECRETARY OF STATE

AFPIGHED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations	·	
NAME OF CORPORATION: Partual	Hammacks, Iv	nc.
DOCUMENT NUMBER: P950000	9573	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Michele M. L.	2004 of Contact Person	
Lenoff and 1	rm/Company	
1761 West H	Allslown Mud # 4 Address	105
Deer field Beg	State and Zip Code	
Michele @	D Lenoff con future annual report notification)	
For further information concerning this matter, plea	ase call:	
Name of Contact Person	at (954) 427-0	1200
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:
\$35 Filing Fee \$35 Status \$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

• •	ticles of Amendment to icles of Incorporation of
Art	icles of Incorporation
Art	
	of Signal Control of the Control of
1 1 .	
144 m 4	almale has
(Name of Companion as supported	willed with the Florida Days of State
	y filed with the Florida Dept. of State
Y95000	2069573 SASS
(Document Number	r of Corporation (if known)
nendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following
. If amending name, enter the new name of th	e corporation:
•	The new
ame must be distinguishable and contain the	word "corporation," "company," or "incorporated" or the
Principal office address <u>MUST BE A STREET A</u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)
•	· · · · · · · · · · · · · · · · · ·
	stered office address in Florida, enter the name of the
new registered agent and/or the new register	red office address:
Name of New Registered Agent:	while m lenoff
` `	2014 KIN CON HILL SOL #405
New Registered Office Address:	Florida street address)
ivew Registered Office Address.	^
3	Doosfield Beach, Florida 33442 (Gity) (Zip Code)
	(Gity) (Zip Code)
lew Registered Agent's Signature, if changing l	Registered Agent: at. I am familiar with and accept the obligations of the position.

Page 1 of 3

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name Address Type of Action Remove PSD ☐ Remove M- Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

' If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) a	
Effective date if applicable:	(date of adoption is required) more than 90 days after amendment file date)
,	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved 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	ting group)
(vol	ing group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	ne 17,2010.
Signature 7	Ralph Ventura
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciars by that fiduciars
арропи	ed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
	D: 1 1. C + D: 1
	Tresident Secretary Visector