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SECRETARY OF STATE

Amend 03.1.12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INTERSTATE SIGNCRAFTERS, INC.
DOCUMENT NUMBER: P97000027784
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning and matter to the following.
DEBBIE MIDDLETON Name of Contact Person
INTERSTATE SIGNCRAFTERS, INC.
130 COMMERCE RO Address
BOYNTON BEACH RC 33426 City/ State and Zip Code
City/ State and Zip Code
DMIDDLE TALL DIALTERSTATE SIGNER AFTERS COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nana 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
DEBBIE MIDDETON at (56) 597, 3760 x 299 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of Incorpo of	ration		
INTERSTATE SI	GN CRAFTER	15, INC.		
(Name of Corporation as current				-
P97000 C				
(Document Number	er of Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this <i>Flori</i>	da Profit Corporation add	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the	ie corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp." "Inc." or "Co".	A professional corporat		
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET).				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· ROX)			·
ming want as any again to a to				7 5 S
	_		14	五
				- 7
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ı Florida, enter the na m	e of the	S A CREATE
Name of New Registered Agent				8: 03: AT
	' (Florida street ad	dress)		<u> </u>
New Registered Office Address:		. Florida		
	(City)	,	(Zip Code)	- .
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age	nt. I am familiar with a	nd accept the obligations	of the position.	
Signature o	f 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: XChange	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	_V	LISA JOHNSON	7146 ST ANDREWS RD LAKE WORTH, RC 33467
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	·		

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;
·	

The date of each amendment(s) adoption:
Effective date <u>if applicable</u> : 3/1/12_
Effective date if applicable: 5 11 / 12 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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"
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3,1,12
Signature
(By a director, president or other officer – if directors or officers have not been
selected. by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fidúciary by that fiduciary)
Teffrey Petersen (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)