98000050586

(Re	questor's Name)	
(Add	dress)	
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Pri 3:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Signal Technology	and Installation Corporation	on .
DOCUMENT NUMI			
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael L. Abrams		
	·	Name of Contact Person	1
	Signal Technology and Installation Corporation		
		Firm/ Company	
	5061 Oakes Road		
		Address	
	Davie, FL 33314		
		City/ State and Zip Cod	2
mabra	nms@sti-fl.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (954	989-2889
Name (of Contact Person	at (Area Co	de & Daytime Telephone Number
	r the following amount made		•
S35 Filing Fee	☐S43.75 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)
Anx Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Union Sec. FL 32301

Articles of Amendment to Articles of Incorporation of

Signal Technology and Installation Corporation

2020 F. 3-3 P:1 3:56

(Name of Corporation	n as currently filed with the Florida Dept, of State)
P98000050586	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:
	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registrer Office Authority	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent of 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.

X Change	<u>PT</u> Jo	ohn Doc	
X Remove	<u>v</u> <u>n</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>T</u>	Kristen Abrams	Kristen Abrams
X Add			5061 Oakes Road
Remove			Davie, FL 33314
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·-
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
		
		•
		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
		
		

The date of each amendment(s) adoption	n:	, 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 d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, this daent of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(a for approval.	s)
	by the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	ent en
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	er
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated 1 2.7 2	2620	
Signature		
(By a director selected, by a	, president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other counciary by that fiduciary)	
Micha	nel L. Abrams	
	(Typed or printed name of person signing)	
Presid	lent	
	(Title of person signing)	