P99000000858

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AUG O 5 2016 C MCNAIR

COVER LETTER

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: A. S. Sign T+ Inc DOCUMENT NUMBER: P99 000000 858
DOCUMENT NUMBER: F 77 00000 838
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Clar4 Name of Contact Person
Name of Contact Person
A. S. Sign I+ Inc Firm/ Company
1216 San A Oi A A
1215 Saminolin Blud unit 117. Address
Consolhern FL 32707
Cossel Broy, FL 32707 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sco # Clark at (407) 718 - 1531 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

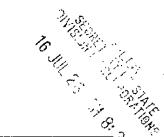
Mailing Address

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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



A. S. Sign Ta	Inc			O.
(Name o	f Corporation as currentl	y filed with the F	lorida Dept. of State)	
P9900000085	(Document Number of			
·	(Document Number of	f Corporation (if k	nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Co	rporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professio		
B. Enter new principal office address, (Principal office address MUST BE A S.		 		·
(Frincipul Office dudiess MOST DE A.S.	(KELI ADDKESS)			
O 71				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an			ter the name of the	
new registered agent and/or the new		_		
Name of New Registered Agent	Scort C 11519 Sad (Florida str	16/4		
	11519 Sad	diabur	Cn	
	(Florida str	eet address)		
New Registered Office Address:	Orlando		, Florida_	32821
		(City)		(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:	•		
I hereby accept the appointment as regist			e obligations of the po	sition.

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.

X Change	<u>PT</u> <u>John D</u>	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>lmith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Su soin P Symanski	
Add			
X Remove			
2) Change	ST	William Ganzalez	
Add			
Remove	\circ		
3) Change	<u>P</u>	Scott Clark	11519 Schollebow Ch
_ X _Add			odand FL 3282
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
	······································
<u> </u>	
1 44-30	
an amendment provides for an evel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each an date this document w	nendment(s) adoption: was signed.	2/1/14	, if other than the
Effective date if ap	olicable:	more than 90 days after amendment file	data
	(no i	more inan 90 aays aper amenameni jue	uaie)
	serted in this block does not mee date on the Department of State's	et the applicable statutory filing required s records.	ments, this date will not be listed as the
Adoption of Amend	lment(s) (CHECK	ONE)	
	s) was/were adopted by the sharehers was/were sufficient for approv	nolders. The number of votes cast for the val.	amendment(s)
		cholders through voting groups. The follower through voting groups. The follower through the amenda to vote separately on the amenda to the control of the c	
"The number	er of votes cast for the amendmen	t(s) was/were sufficient for approval	
by	(voting gr	.,,,	
	(voting gr	coup)	
The amendment(s		of directors without shareholder action a	and shareholder
The amendment(s		porators without shareholder action and si	hareholder
Da	ated 7/1/4		
Si	gnature	w Dan	_
·	(By a director, president of	or other officer - if directors or officers h	
	selected, by an incorporate appointed fiduciary by the	tor – if in the hands of a receiver, trustee. at fiduciary)	, or other court
	<	YACA, TO Sim	n 1156.:
	(Турес	d or printed name of person signing	NAME TO THE PARTY OF THE PARTY
		Presdut Misne	.Υ
		(Title of person signing)	