P9900036997

	(Requestor's Name)
	(Requestors Harrie)
	(Address)
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	(City/State/Zip/Phone #)
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 	(Document Number)
-	(Document Namber)
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/10/2023

NAME: THE SIGN RESOURCE, INC.

TYPE OF FILING: AMENTMENT

COST: 43.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

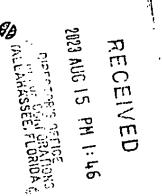
August 11, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL 32302

SUBJECT: THE SIGN RESOURCE, INC.

Ref. Number: P99000036997



We have received your document for THE SIGN RESOURCE, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L21000025798.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 823A00018270

Se keep original file date Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: THE SIGN RESO	URCE, INC.	
	1BER: P99000036997		
	s of Amendment and fee are so	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	James Butch Jackson	•	
		Name of Contact Person	n
	The Sign Resource, Inc.		
		Firm/ Company	
	4128 Icard Ridge Road	, ,	
	-	Address	
	Hickory, NC 28601		
		City/ State and Zip Cod	2
	bjackson@tsrfl.com		
		sed for future annual report	notification)
		oco (co racore amidas report	(Maricallon)
For further informati	on concerning this matter, plea	se call:	
James Butch Jackson		at (
Namo	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	■\$43.75 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)
	illing Address		<u>Address</u>
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation

2823 AUG 14 AM 5: 44

79 O' D	·	MESSET OF STAIR
The Sign Resource, Inc.		<u> </u>
	of Corporation as curren	tly filed with the Florida Dept. of State)
P99000036997		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
B&P Enterprise of North Carolina, Inc.		77.
name must he distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co"	"company." or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		James B Jackson
(Principal office address MUST BE A S	STREET ADDRESS)	4016 Eagle Court
		Palm Harbor, FL 34684
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		James B Jackson
		4016 Eagle Court
		Palm Harbor, FL 34684
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office add	Iress in Florida, enter the name of the
	James B Jackson	_
Name of New Registered Agent		
Name of New Registered Agent	4016 Eagle Court	
Name of New Registered Agent		ireet address)
Name of New Registered Agent New Registered Office Address:		reet address) Florida ³⁴⁶⁸⁴

Check if applicable

 \Box 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 = Treusurer; 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, Treusurer, 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	PT	John Do	<u>ec</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
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If an amendment provides for an each	nunge replacification or constitution of invade them.
If an amendment provides for an each	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an each provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis and an analysis and an analysis and an analysis analysis and analysis analysis and an analysis and an analysis analysis and an ana
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	····
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	itemeni
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
, 	(voting group)	
DatedSignature(By	a director, president or other officer - if directors or officers have not h	eten
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary)	
	James Butch Jackson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	