## M83184

	(Requestor's Name)
	(Address)
<del></del>	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Prione #)
PICK-UF	WAIT MAIL
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	(Document Number)
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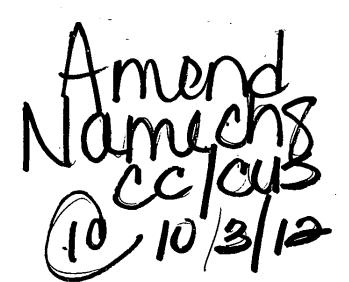
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: REUE	BEN CAN	NON ENTER	RTAINMENT, INC.
DOCUMENT NUMBER: M83184	1		
The enclosed Articles of Amendment and		ted for filing.	
Please return all correspondence concerning	ig this matter	o the following:	
FRANCES	MCCR	IMMON	
<del> </del>		lame of Contact Perso	n
ALLYPHAI	RMA U	S, INC.	
<del>-</del>		Firm/ Company	
10107 CLE	EGHOR	N DR.	
		Address	
SAN ANTO	ONIO, F	LORIDA 33	576
	C	ity/ State and Zip Cod	e
JOBOZZ@YA	HOO.C	:OM	
		or future annual report	notification)
		•	•
For further information concerning this ma	tter, please ca	11:	
	ON!	010	740 4770
FRANCES MCCRIMM	ON		_ <sub>)</sub> 713-1776
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amou	ınt made paya	ble to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	· ·	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

REUBEN CANNON EN	NTERTAINMEN	T, INC.	
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	_
M83184			
(Document	Number of Corporation (if)	known)	_
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
	ntion "Corp," "Inc," or "Co	" "company," or "incorporated" or the a o". A professional corporation name must .A."	
B. Enter new principal office address, if		N/A	-
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	- - -
D. If amending the registered agent and new registered agent and/or the new	d/or registered office address:	ss in Florida, enter the name of the	12 OCT -1 PH 2: 85
Name of New Registered Agent	IN/A		
	(Florida stree	,	H 2: 8
New Registered Office Address:	(City)	, Florida(Zip Code)	_
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the obligations of the position.	

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.

Example: X Change	PT Joh	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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PCEO	CANNON, REUBEN	1401 PEACHTREE ST.,STE 500
Add			ATLANTA, GA 30309X
X Remove			
2) Change	PD	NAJJAR, SAMIR S.	P.O. BOX 690211
X Add			ORLANDO, FL 32869
Remove			·
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

The date of each amendment(s) a	doption: 10/1/2012
Effective date if applicable: 10	0/26/2012
<u></u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved 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	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated_10/1/2	2012
	tirector, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	FRANCES MCCRIMMON
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)