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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
(20)		,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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NO 8/23 wr

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Experi	ence Crew, -	Inc.
DOCUMENT NUM	iber: <u>Ν 07 α</u>	0000 7143	<u> </u>
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	^	Kornblue f Contact Person)	ed
	·	(Address)	
	Bonita (City/Sta	Springs, FL 3 ate and Zip Code)	34135
	E-mail address: (to be use	ed for future annual report notific	cation)
For further informati	on concerning this matter, pleas		
(Name	of Contact Person)	at () (Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departmer	nt of State:
\$35 Filing Fee	☐ \$43.75 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2011

BRANDON KORNBLUE 28129 HERRING WAY BONITA SPRINGS, FL 34135

SUBJECT: EXPERIENCE CREW, INC.

Ref. Number: N07000007143

We have received your document for EXPERIENCE CREW, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000106438.

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) 245-6916.

Letter Number: 611A00018756

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

EXPERIENCE CREW, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

N07000071	43	
(Document Number of Corp	poration (if known)	
ursuant to the provisions of section 617.1006, Florida State following amendment(s) to its Articles of Incorporation		r Profit Corporation adopts
. If amending name, enter the new name of the corpor	ation:	
-CONNECT, INCOR	PORATED WAL	K CONNECTED,
he new name must be distinguishable and contain the v	vord "corporation" or "i	
obreviation "Corp." or "Inc." <u>"Company" or "Co." ma</u>	y not be used in the name.	
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
		ati ^{t h}
	<u> </u>	
Enton your mailing address if annihilation		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F11
		i i e
If amonding the negistary describes the second and	CC	
If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
	-	
Name of New Registered Agent:		_
-		.
New Registered Office Address: (1	Florida street address)	
		, Florida
	(City)	, Florida (Zip Code)
w Registered Agent's Signature, if changing Registere	ed Agent:	
nereby accept the appointment as registered agent. I sition.	am familiar with and acc	cept the obligations of the
Signature of	Naw Registered Agent if a	hanging

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) Title <u>Name</u> Address **Type of Action** □ Add ☐ Remove ☐ Remove ____ 🗖 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

•	
The date of each amendmen	t(s) adoption: August 9, 2011
	August 9, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	8/4/11
Signature	Blokell
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	BRANDON KORNBLUE
	(Typed or printed name of person signing)
	DIR
	(Title of person signing)

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