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| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| - NAME OF CORPORATION: _ | THEME WOF | RKS STI | JDIO II | NC | |
|------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------|-------------|
| DOCUMENT NUMBER: P04 | 000089474 | | | | |
| The enclosed Articles of Amendm | ent and fee are submi | itted for filing | ; . | | |
| Please return all correspondence c | oncerning this matter | to the followi | ing: | | |
| JON L | AYMON | | | | |
| | ì | Name of Cont | tact Person | | _ |
| JON L | AYMON STL | JDIOS II | NC | | |
| · · · · · · · · · · · · · · · · · · · | | Firm/ Co | mpany | | |
| 1065 A | NCIENT OA | K DRIV | Ε | | |
| · | | Addre | ess | | _ |
| OCOE | E FL 34761 | | | | |
| | (| City/ State and | d Zip Code | | |
| JONLAYN | ION@YOHO | O.COM | | | |
| | address: (to be used | | | notification) | |
| For further information concerning | this matter, please ca | all: | | | |
| JON LAYMON | | at (| 467 | 496-4945 | |
| Name of Contact P | erson | ar (| Area Cod |) 496-4945 e & Daytime Telephone Num | ber |
| Enclosed is a check for the follow | ng amount made pays | able to the Flo | rida Depar | tment of State: | |
| - | 75 Filing Fee & ficate of Status | \$43.75 Filin Certified Co (Additional c enclosed) | ру | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL | tion porations | | Divisior Clifton I 2661 Ex | Address ment Section of Corporations Building secutive Center Circle ssee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| | | | | - | |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|-------------------|----------------------------------------|--------|
| (Name of Corporation as currently | filed with the Florida D | ept. of State) | 1. | | |
| THEME WORKS STUDIO INC | P(!)(!) | 1000844 | 14 | | |
| (Document Number of | of Corporation (if known) | | | • | |
| Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation: | ida Statutes, this <i>Florida</i> | Profit Corporation adop | ots the following | g amendment(s) to | o |
| A. If amending name, enter the new name of the | corporation: | | | | |
| JON LAYMON STUDIOS INC | | | | Th | |
| name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Cor | ord "corporation," "cor rp," "Inc," or "Co". A | npany," or "incorpord professional corporati | ited" or the all | _The new bbreviation contain the | |
| word "chartered," "professional association," or th | | | | | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL | | | | - | |
| | | | | | |
| | | | | . 5 <u>1</u> | |
| C. Enter new mailing address, if applicable: | | | | 75 26 | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | | | | |
| | | | | -5 SE | |
| | | | | | i I |
| | | | | 6 0 | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | | lorida, enter the name | of the | | |
| | d office address: | | | 45. | |
| Name of New Registered Agent | | | | | |
| | | | | | |
| | (Florida street addre | ss) | | | |
| New Registered Office Address: | | , Florida | | - | |
| | (City) | | (Zip Code) | | |
| | | | | | |
| New Registered Agent's Signature, if changing Re | egistered Agent: | | | | |
| I hereby accept the appointment as registered agent. | . I am familiar with and | accept the obligations o | of the position. | | |
| | | | | | |
| Signature of a | 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 | <u>PT</u> | John Do | <u>e</u> | |
|-------------------------------|--------------|-------------|-------------|---------|
| X Remove | <u>v</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sm | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| ttach <i>add</i> | itional sheets, | <mark>dditional Artic</mark> if necessary). | (Be specific, | | | | |
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| an amen | dment provid | es for an exch | ange, reclass | ification, or ca | ncellation of i | ssued shares, | |
| rovision: | s for impleme Lapplicable, in | nting the ame | adment if not | contained in | the amendmen | t itself: | |
| (ij noi | аррисион, т | alcale N/A) | | | | | |
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| The date of each amendment | (s) adoption: 09/25/2012 |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: | 09/25/2012 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement d for 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) |
| | (voting group) |
| ☐ The amendment(s) was/we action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| p 09/ | 25/2012 |
| Signature | Astaha |
| (E | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court |
| a | pointed fiduciary by that fiduciary) |
| | JON LAYMON |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |