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JAN 15 2016 R. WHILE SECRETARY OF STATE

## **COVER LETTER**

NAME OF CORPOR	1000	creative.	Inc.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
- - - -		Name of Contact Person  Name of Contact Person  Creat  Firm/ Company  Hill Crest  Address  Address  City/ State and Zip Cod  INSICY Creat  Sed for future annual report	street 33815
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DONOVAV	TINS LAY	at ( <b>819 3</b>	593-0081 de & Daytime Telephone Number
	the following amount made		
□ \$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)
Maili	ng Address	Street	Addross

Mailing Address

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TO: Amendment Section

**Division of Corporations** 

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**

FILED

to **Articles of Incorporation**  16.JAN 14 PM 8:48

SECRETARY OF STATE TALLAHASSEE FLORIDA

	0000 16100
(Document ?	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpor	
	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	orporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	115 Hillurest street
(Principal office address <u>MUST BE A STREET ADDRES</u>	Lakeland, PL
• .	33815
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	115 Hill crest street
, ,	lakeland, PL
	33815
	<u></u>
D. If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent	NIA
6	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Begistered Agent's Signature if shanging Begister	od Agents
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing
Signature	of tron tregmerou regim, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name NA	<u>Addres</u> s
1) Change			· .
Add			
Remove			
2) Change		<del>-</del> .	
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6) Change			
Add			
Damara			

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-	·	NA	
		17/17	
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rovisions for implementing the ame	ange, reclassification, endment if not contained	d in the amendment itself:	
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, on the same of the	d in the amendment itself:	
rovisions for implementing the ame	ange, reclassification, endment if not contained	or cancellation of issued shares, d in the amendment itself:	
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rovisions for implementing the ame	ange, reclassification, on the second and the secon	d in the amendment itself:	
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The date of each amendment(s) adoption:	1/10/1	Ψ	, if other than the
date this document was signed.	100000		
Effective date <u>if applicable</u> :	(no more than 90 days after amendn	11, 2016	
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Note: If the date inserted in this block does not document's effective date on the Department of So		requirements, this date	will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		st for the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g			
"The number of votes cast for the amend	ment(s) was/were sufficient for appro	oval	
by(votin		.,,,	
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☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action	on and shareholder	
Dated/. /2./	<i>b</i>		
	$\mathcal{D}$		
Signature			<del></del>
	ent or other officer – if directors or o corator – if in the hands of a receiver		
appointed fiduciary b		, musice, or other court	
	DONOVAN TI yped or printed name of person signi	nsley	
	Principal		
	(Title of person signing)		