

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number: 110450000714

Phone : (850)222-1173

95.123825 Fax Number : (850)224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Rmail Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN BLACK LABEL HOUSE CORP

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Help

To: The Florida Dept. of State Subject: 001495.123825

From: Ashley Smith

Tuesday, April 27, 2010 4:04 PM Page: 2 of 4

H100001006423

Articles of Amendment		
to		
Articles of Incorporation		
of		
Black Label House Corp	,	
(Name of Corporation as currently filed with the Florida Dec	vt. of State)	
P0900044670		
(Document Number of Corporation (if known)	<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporation:		
Rony Seikaly Productions, Inc.	The	new
name must be distinguishable and contain the word "corporation," "com abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or name must contain the word "chartered," "professional association," or the all B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corpora	ation IAS
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		LLAHASSEE, FLORID
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	rids, enter the name of the	2 GM
Name of New Registered Agent:		
New Registered Office Address: (Florida street address	•	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	scept the obligations of the posti	ion.

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Signature of New Registered Agent, if changing

From: Ashley Smith

To: The Florida Dept. of State Subject: 001495.123825

H100001006423

Attach add	ng title, name, and address hitional sheets, if necessary)	of each Officer and/or Director being	<u> suded:</u>
<u> Fitie</u>	Name	Address	Type of Acti
			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		
			Add Remove
			П кешоме
provis	ions for implementing the a	exchange, reclassification, or cancell mendment if not contained in the an	ation of insued shares,
(if	not applicable, indicate N/A)		
<u> </u>			
<del></del> -			

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From: Ashley Smith

To: The Florida Dept. of State Subject: 001495.123825

	H10000100642 3
The date of each amendment	(e) sdeption: 4/22/2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	(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	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ne approved by the shareholders through voting groups. The following statement ed 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
ьу	(voting group)
The amendment(s) was/we action was not required.	are adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	700
Signature	20 P
(8)	y a director, president or other officer - if directors or officers have not been
	sected, by an incorporator — if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
Ψ,	,
	Rony Seikely Productions, Inc.
•	(Typed or printed name of person signing)
	President
	(Title of person signing)