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SELECTION OF STATE

SEL

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Christopher Massa Photograph Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Massa
Name of Contact Person
Christopher Massa Photography Inc Firm/Company
851 Perrine CT
Address Marco Island FL 34145 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Mossa at (239) 269-1175
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address
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

,	
	Christopher Massa Photography Inc.
	Christopher Massa
	851 Perrine CT
	Marco Island FL
	34145
	·
	Please Charles Christopher Massa to President at
	Christopho Massa Photography Inc.
	Thank You.
	Christopher Massa President
	President
	Christopher Hassa Phategraphy Inc.
·	
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Articles of Amendment

Articles of Incor	poration	C D
1) = 1 = 1 = 2 = D1	1 am whole I'm	⊊U Υ :
(Name of Corboration as currently filed with the Flo	101001 of State)	1 11: 25
Alu.	TABLE TABLE	DF STATE
(Document Number of Corporation (if k		E. FLOSOM
(Document Number of Corporation (if k	nowny	
Pursuant to the provisions of section 607.1006, Florida Statutes, this FI its Articles of Incorporation:	orida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:	/	
	N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation na	or the abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MA	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	<u> </u>
(Florida street	t address)	
New Registered Office Address. (City)	, Florida	Code)
(chy)	(ZIP	oous)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the p	position.
Signature of New Registered Ag	ent, 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> <u>John</u>	1 <u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sally	y Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Chrotopher Massa	Address 851 Perrine CT Marco Island FL 34/45
2) Change Add		4-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Remove 3) Change Add	-	-1	
Remove 4) Change Add Remove			
5) Change Add Remove		·	,
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
/	
11//	
MA	<u></u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

·	30/1/11	
The date of each amendment(s) adoption:	21/1/14	, if other than the
Ga/	///14	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	areholders. The number of votes cast for the amendment(s) proval.	
	nareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by	"·	
(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the inco	corporators without shareholder action and shareholder	
Dated 9/1/14	,	
Signature	<u>/</u>	
	at or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by		
Chris	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	