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SECRITARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (305) 610 - 9630 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment

to

| Articles | of | Incorporation |
|----------|----|---------------|
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| Restless Media | filed with the Florida Dept. of State) | |
|--|--|---------------------------------------|
| OC 1 (2012) 22 7354 | thed with the Florida Dept. of State) | |
| (Document Number of | Corporation (if known) | . |
| | , | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Florida Profit Corporation adopts the foll | owing 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," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or the abbre professional corporation name must co f. | viation "Corp.," ontain the word |
| B. Enter new principal office address, if applicable: | N/A | · · · · · · · · · · · · · · · · · · · |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | 5 . |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | _ N/A | <u></u> |
| D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address: | ess in Florida, enter the name of the | |
| new registered agent and/or the new registered office aduless. | | |
| Name of New Registered Agent // | | |
| | | |
| /Florida stree | et address) | |
| New Registered Office Address: | . Florida | |
| (0 | City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | ith and accept the obligations of the posit | ion. |
| | | |
| | | |
| Signature of New Reg | gistered Agent, if changing | |
| Check if applicable | | |

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 I | Doe | |
|-------------------------------|----------------------|---------------|------------------|
| - | | | |
| X Remove | <u>V</u> <u>Mike</u> | <u>Jones</u> | |
| X Add | SV Sally | Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | Manager | Daniel Cribbs | 3512 Little Red |
| Add | | | 4338 |
| X Remove | | | Trinity, FL 7465 |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Auach <i>adamonal she</i> | ig additional Artic ets, if necessary). | (Be specific) | | | |
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| an amendment proprovisions for imple | <u>ivides for an excha</u> | nge, reclassifica | tion, or cancella | tion of issued shar | res, |
| (if not applicable | e, indicate N/A) | different in not con | itamed in the an | iendinene useur | |
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| The date of each amendment(s) adop date this document was signed. | tion: | 17,2024 | if other than the |
|---|---|---|-------------------------------|
| Effective date if applicable: | (no more than 90 day | 7 W74 ys after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Depar | | statutory filing requirements, this da | ate will not be listed as the |
| Adoption of Amendment(s) The amendment(s) was/were adopte action was not required. | (CHECK ONE) d by the incorporators, or board | d of directors without shareholder acti | on and shareholder |
| ☐ The amendment(s) was/were adopte by the shareholders was/were suffic | | mber of votes cast for the amendment(| s) |
| ☐ The amendment(s) was/were approving must be separately provided for each | h voting group entitled to vote | separately on the amendment(s): | ent |
| "The number of votes cast for | the amendment(s) was/were su | ifficient for approval | |
| by | (voting group) | | |
| | | if directors or officers have not been | |
| | y an incorporator – if in the har fiduciary) | nds of a receiver, trustee, or other cour | 7 |
| _ | Clinton | Cox | |
| | (Typed or printed name | e of person signing) | |

. . . .