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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2011

Carolina Rodriguez 1637 NW 96 Ave. Pembroke Pines, FL 33024

SUBJECT: 8A SKYLIFE PRODUCTION & ENTERTAINMENT

Ref. Number: P08000089872

We have received your document for 8A SKYLIFE PRODUCTION & ENTERTAINMENT and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

This corporation was erroneously filed without a corporate suffix. Please add a corporate suffix to the name (in section A on the first page) when you resubmit the document. Acceptable corporate suffixes are Inc, Incorporation, Incorporated, Corp, Corporation, Company and Co.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 911A00022889

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: 8A S	kylife Production & Enterta	inment, Inc
DOCUMENT NUMBE	ER:	P08000089872	
The enclosed Articles of	f Amendment and fee a	are submitted for filing.	
Please return all corresp	ondence concerning th	is matter to the following:	
	ALEJANDRO SALAS		
	N	Name of Contact Person	
		Firm/ Company	
the second secon		1637 NW 96 AVE	
		ROKE PINES, FL 33024 http:// State and Zip Code	·
	E-mail address: (to be use	d for future annual report notification)	
For further information	concerning this matter,	please call:	
ALEJAN Name of Co	DRO SALAS	at (<u>954</u>) <u>5</u> Area Code & Daytime Te	
		nade payable to the Florida Depar	
☑ \$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)
Mailing Addres Amendment Secondivision of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation

FILED

Articles of Incorporation
of PH 1:40
ANI OCI III
8A Skylife Production & Entertainment, The Control of Station
Articles of Incorporation of 8A Skylife Production & Entertainment, The (Name of Corporation as currently filed with the Florida Dense of State SEE, FLORIDE P08000089872
TALLATIA
P08000089872
(Document Number of Corporation (if known)
· · · · · · · · · · · · · · · · · · ·

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

me must be distinguishable and contain	the word "cornoration" '	"company" or "incorporated" of
breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "Inc,	" or "Co". A professional corpo
Enter new principal office address, if app	olicable:	
rincipal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
	- ,	
Entar new mailing address if applicable		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
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If amending the registered agent and/or 1	registered office address in	Florida, enter the name of the
	registered office address in	Florida, enter the name of the
If amending the registered agent and/or 1	registered office address in	Florida, enter the name of the
If amending the registered agent and/or new registered agent and/or the new regis	registered office address in	Florida, enter the name of the
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If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:	dress)
If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address: (Florida street ad (City) ng Registered Agent:	dress) , Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Carolina Rodriguez	1637 NW 96 Ave Pembroke Pines, Fl 33024	
<u> </u>	Alejandro Salas	1637 NW 96 Ave Pembroke Pines, Fl 33024	☑ Add □ Remove
	·		
(attach a	dditional sheets, if necessary). (Be s	pecific)	
provisio		, reclassification, or cancellation of i it if not contained in the amendment	

The date of each amendment((s) adoption: 9/28/2011
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re 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 of	cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	ALEJANDRO SALAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)