## 467542

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: A Business Forms	& Pegboard Systems, INC.	DBA A Media Marketing		
DOCUMENT NUMB	ER: 467542				
		bmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
	Leslie Anne Laney				
-		Name of Contact Person	1		
	A Business Forms & Pegboard Systems, INC. DBA A Media Marketing				
-	Name of Contact Person  Area Code & Daytime Telephone Number  So a check for the following amount made payable to the Florida Department of State:  Aling Fee Status Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number    State:  Area Code & Daytime Telephone Number    State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   Area Code & Daytime Telephone Number   State:  Area Code & Daytime Telephone Number   Area Code & Daytime Tele				
:	3104 N. Armenia Ave. Suite	• •			
-		Address			
•	Гатра, FL 33607				
-		City/ State and Zip Cod	e		
leslie.l	aney09@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Leslie Anne Laney		at ( <sup>813</sup>	933-2788		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy		
Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio Clifton	Iment Section on of Corporations Building		
Tallahassee, FL 32314		2661 E	executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

A Business Forms & Pegboard Systems, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 467542 (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3104 N. Armenia Ave. Suite 2 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33607 C. Enter new mailing address, if applicable: 3104 N. Armenia Ave. Suite 2 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33607 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Leslie Anne Laney Name of New Registered Agent 3104 N. Armenia Ave. Suite 2 (Florida street address) Tampa

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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)

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>T9</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PS	Victoria B. Jorgensen	11311 N. Hamner Ave.
Add			Tampa, FL 33612
x Remove			
2) Change	VP	Stephany I. Jorgensen	204 W. Seneca Ave.
Add			Tampa, FL 33612
x Remove			
3)Change	PS	Leslie A. Laney	469 Liam Ave.
x Add			Tarpon Springs, FL 34689
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	. '(Be specific)
ee Attached	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y noi applicable, inalcale IVA)	
(y noi appucaoie, inaicaie IVA)	
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9/29/2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Victoria B. Jorgensen  LESLIE A. LA	NEY
(Typed or printed name of person signing)	<del>-</del>
President (former) PRESID	ent
(Title of person signing)	