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From:

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Account Number : I20090000081 Phone

: (307)200-2803

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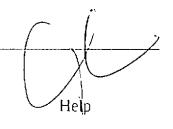
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COR AMND/RESTATE/CORRECT OR O/D RESIGN NEW MARKET ENTERTAINMENT, INC.

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F18000003078

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607,1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

		(Document number	of corporation (if know	vn)		
New Market Entertai	inment, Inc.					
	(Name of corpor	ration as it appears of	on the records of the De	epartment of Sta	ite)	
Wyoming			3.06/28/18			
	(Incorporated under laws	of)		uthorized to do i	ousiness in Flori	da)
		SEC	TION II		S 20) 2 3
	(4-7 CO)	MPLETE ONLY T	HE APPLICABLE C	CHANGES)	TAT	·
. If the amendment of	(4-7 COM	poration, when was	the change effected in	ider the laws of	its jurisdiction of	
incorporation?			The change checken in	mer me raw.cor		07
				-	125.5	
(Name of corporation	on after the amendment, ac	dding suffix "cornor	ration " "company " or	"incorporated "	Or appropriate a	MO eviation
not contained in ne	w name of the corporation)	anon, company, or	шеогропаси,	or appropriate a	e e e e e e e e e e e e e e e e e e e
(If new name is una	vailable in Florida, enter al	lternate corporate na	ame adopted for the pu	rpose of transac	ting business in	Florida)
6. If the amendme	ent changes the period of d	luration, indicate ne	w period of duration.			
		(New	duration)			
7. If the amendme	ent changes the jurisdiction	n of incorporation, i	ndicate new jurisdictio	n.		
	***************************************	(New j	urisdiction)	····	-	
	gistered agent and/or reg nt and/or the new registe			the name of the	<u>-</u>	
Name of New F	Registered Agent					
		(Florida sti	veet address)			
New Registered (Office Address:		***************************************	, Florida_		
		(Cin	9		(Zip Code)	
New Registered A	gent's Signature, if chan	ging Registered Ag	gent:			
I hereby accept the	appointment as registered	agent. I am famili	ar with and accept the	obligations of t	he position.	
S	ignature of New Registered	d Agent, if changing	<u></u>			

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Namç	<u>Address</u>	Type of Action
DPST	Conner, Colin	7901 4th St N STE 300	
		St. Petersburg FL 33702	⊠ Remove
DPST	Norris, Graham	7901 4th St N STE 300	\ Add
		St. Petersburg FL 33702	
			2024 FEB 27 AM 8: 48 TOBLAH CSEE, FEA
			□Add
10. Attached is a confidence of the application under the laws	Robin wi	evidencing the amendment, authenticated ctary of State or other official having custod ector president or other officer - if in the have	
	a receiver or other	court appointed fiduciary, by that fiduciary	<i>(</i>)
Robin Joi		Filing Incorp	<u>'</u>
(Typed or printed name of person signing)) (Title of p	erson signing)

FILING FEE \$35.00