2017/02/06 16:52

Gibbons Neuman

P. 001/006

Page 1 of 2

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000035124 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: GIBBONS, NEUMAN, BELLO, SEGALL, ALLEN & HALI

Account Number : I2000000178

Phone

: (813)877-9222

Fax Number

: (813)877-9290

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN METROPOLITAN MEDIA COMPANY

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

FEB 0 7 2017 C MCNAIR Help

COVER LETTER

| TO: Amendment Sec Division of Corp | | | |
|---|--|--|--|
| NAME OF CORPO | ration: <u>metropolitai</u> | N MEDIA COMPANY | |
| DOCUMENT NUM | RER: P67755 | | |
| | of Amendment and fee are su | absoluted for filing. | |
| | spondence concerning this ma | | |
| | Gary A. Gibbons, Esq. | 3 | |
| | | Name of Contact Person | 1 |
| | Gibbons Neuman | | |
| | | Firm/ Company | |
| | 3321 Henderson Blvd. | | |
| | | Address | |
| | Tampa, FL 33609 | | |
| | " | City/ State and Zip Code | 3 |
| rocke | erwilliame@gmnil.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | n concerning this matter, pleas | | 977-0777 |
| Gary A. Gibbons, Esq. Name of Contact Person | | at (Area Co | 877-9222 de & Daytime Telephone Number |
| | or the following amount made | | |
| \$35 Filing Pee | ☐\$43.75 Filing Pee & Certificate of Status | □\$43.75 Filing Fee & Certifled Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | iling Address endment Section ision of Corporations Box 6327 alassee, FL 32314 | Amend Division Clifton 2661 E: | Address ment Section n of Corporations Building kecutive Center Circle ssee, FL 32301 |

2017/02/06 16:53

Articles of Amendment to Articles of Incorporation of

| METROPOLITAN MEDIA COMPANY | • |
|---|--|
| (Name of Corporati | on as currently filed with the Florida Dept. of State |
| F67755 | |
| (Docum | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the co | orporation: |
| | The new |
| | d "corporation," "company," or "incorporated" or the abbreviation "" "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. <u>Enter new principal office ad</u> dress, if applicable (Principal office address <u>MUST BE A STREET ADL</u> | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> |
| · | , |
| D. If amending the registered agent and/or register new registered agent and/or the new registered | ed office address in Florida, enter the name of the office address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| hereby accept the appointment as registered agent. | stered Agent: I am familiar with and accept the obligations of the position. |
| | , 0 |
| | |
| Signa | ture of New Registered Agent, if changing |
| | stered Agent: I am familiar with and accept the obligations of the position. The position of the position of the position of the position of the position. The position of t |

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:

Gibbons, Neuman

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X_Change | <u>PT</u> | John Dos | • |
|-------------------------------|-----------|------------------------|---------------------|
| X Remove | ¥ | Mike Jones | · |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| l) Change | PD | ANDREW ALFONSO | 3014 Horatio Street |
| Add | | | Tampa, FL 33609 |
| Remove | | | |
| 2) Change | PD | CHARLES L. ROCKER, JR. | 3014 Horatio Street |
| X Add | | | Tampa, FL 33609 |
| Remove | | | |
| 3) Change | VP | JAMES D. HAAF JR | 3014 Horatio Street |
| Add | | | Taropa, FL 33609 |
| X Remove | | | |
| 4) Chenge | VD | LOUIS D. EMORY | 3014 Horatio Street |
| X Add | | | Tampa, FL 33609 |
| Remove | | • | |
| 5)Change | VD | LOUIS D. EMORY | 3014 Horatio Street |
| X Add | | | Tampa, PL 33609 |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |

Page 2 of 4

| (Attach addittor | r adding additional Art 1al sheets, if necessary). | ticles, enter change(s) l (Be specific) | tere: | |
|------------------|---|--|--------------------------|---------------------------------------|
| | | | | |
| | | | | • |
| | | | | |
| | | | | <u>-</u> |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| <u> </u> | | | <u> </u> | <u> </u> |
| | | | | <u>.</u> |
| | | | | · |
| | | | | |
| | | | | |
| | | | | |
| | <u></u> | | | ······ |
| | | | | |
| | · | | | |
| | | | | - |
| F If an amendme | nt provides for an excl | unge rechosification. | or cancellation of issue | t shares. |
| provisions for | implementing the ame | ndment if not contains | d in the amendment its | elf: |
| (ij noi upp | neuote, muscate 1971) | | | |
| | <u> </u> | * | | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| | - | | | |

| The date of each amendment(s) adopt date this document was signed. | tion; | | | , if other than t |
|--|---|---|---------------------------------------|--------------------|
| Effective date if applicable: | | | | |
| 3 1000 | (no more the | on 90 days after amendment | file date) | |
| Note: If the date inserted in this block document's effective date on the Depart | | | uirements, this date will n | ot be listed as ti |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were suffici | | The number of votes cast for | the amendment(s) | |
| The amendment(s) was/were approve must be separately provided for each | ed by the shareholders h voting group entitled | through voting groups. The to vote separately on the an | fallowing statement nendment(s): | |
| "The number of votes cast for t | he amendment(s) was/ | were sufficient for approval | | |
| by | | | " | |
| | (voting group) | | | |
| The amendment(s) was/were adopted action was not required. | l by the board of direct | tors without shareholder action | on and shareholder | |
| ☐ The amendment(s) was/were adopted | by the incorporators w | without shareholder action an | d shareholder | |
| action was not required. | 1 | | | |
| Dated 2016 | .117 | | | |
| Dalleti 17 / C | | 117-4 | | |
| Signature al | aleen M | Walson | | |
| | | flicer – if directors or office | | |
| | | the hands of a receiver, trus | tee, or other court | |
| appointed it | duciary by that fiducia | ry) | | |
| <u> </u> | ATHLEEN M | 1. WATSON | | |
| | (Typed or printe | ed name of person signing) | | |
| کــــ | ECLETARL | 1 / DIRECTOR | · · · · · · · · · · · · · · · · · · · | |
| | (Titi | le of person signing) | | |