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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CREATE	UE TAMPABAY, INC.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
REUB:	(Name of Contact Person)	
	(Name of Contact Person)	
ACT	ION LAGS INC.	
	(Firm/ Company)	
801 S. 300 ST ST PF	EKBURG FL 33701	
•	(Address)	
•		•
	(City/ State and Zip Code)	
REUBEN CCI E-mail address: (to be	HECKFMERE. COM used for future annual report notification)	
For further information concerning this matter, pl	lease call:	
RELIBEN PRESSMAN	at (888) 998 - 23 (Area Code & Daytime Telep	90 ex 700
(Name of Contact Person)	(Area Code & Daytime Telepi	hone Number)
Enclosed is a check for the following amount made	de payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	ce & \Bigcup \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \Bigcup \\$52.50 Filing Fee & Certificate of Sta Certified Copy (Additional Copy Enclosed)	tus
Mailing Address	Street Address	

Mailing Address

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CREATIVE TAM	PABAY, IN	C	
(Name of Corporation as currently	y filed with the Flor	ida Dept. of State)	
(Docu	ment Number of Co	rporation (if known)	ms as
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati	006, Florida Statutes on:	s, this <i>Florida Not For Proj</i>	Fit Corporation adopts the following
A. If amending name, enter the new name	ne of the corporation	on:	سيد
ACTFON LARS, IN	<u>ر</u> .		The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or i	he abbreviation "Corp," or "Inc.
B. Enter new principal office address, if (Principal office address MUST BE A ST		801 S. 3 P.S	
(Frincipal office address MOST BE ASI	<u>KEET ADDRESS</u>)	ST PETERSBURG	FL 33701
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		801 S. 300	s7
• .		ST PETERSBU	6 FL 33701
D. If amending the registered agent and new registered agent and/or the new	l/or registered offic registered office ac	e address in Florida, enter Idress:	the name of the
Name of New Registered Agent:	REUBEN PA	ESCHAN	
•	801 S. 3ª	<u>s</u> 5 (
New Registered Office Address:	(Florida street address)	
	_ST PETS	rs burs	Florida 33701
·	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am fan	niliar with and accept the ob	
		egistered Agent, if changin	g

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 X Remove X Add	V Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	<u>C</u> D	ROYAL, MICHELLES	200 4 ¹⁴ AVES
Add			ST PERCIS BURG FL
Remove			33701
2) Change	<u> D</u>	CAMPBELL, CHRISTENA	633 N. FRANKIEN, SE 735-
Add			FAMPA FL 33605
Remove	+ ~	Days does thus a	1017 - 1014
3)Change	T D	DOHRMAN, THOMAS H	1813 E 18TH AVE
Add Remove			TAMPA FL 33605
4) Change	<u>D</u>	WARNER DAVED	913 PROSPECT COURT SOUTH
Add			ST PETBASIBURG FL 33701
Remove			
5) Change	CD	PRESMAN, REUBEN	801 S. 3 5T
X Add			ST PETENSBURG FL
Remove			
6) Change	<u>D</u>	BRITION, BRENT CJ	401 E. JACKSON ST. STE 2700
X Add			TAMPA FL 33602
Remove			

f amending or adding additions attach additional sheets, if necess	ary). (Be spe	cific)			
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The	e date of each amendment(s) adoption:	, if other than the
Eff	ective date if applicable: Dec 1 ⁵⁷ 2014 (no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated Dec 15 2014 Signature Nrichelle Royal	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Michelle Royal (Typed or printed name of person signing)	
	Chairman (Title of person signing)	