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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: GHM Prod	ductions, 1	VC		
DOCUMENT NUMBER: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	06195			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
O anda M. (Name of Contact	TUCKER Person)			
GHM Productions, INC				
P.O. Box '7964				
(Address)				
Jackson Ville FL 32238 (City/State and Zip Code)				
Volanda tucker Cohm Droductions in C. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
10 and Tucker at ( (Name of Contact Person)	904, 534- (Area Code & Daytime 7	0589 Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status Certificate (Ad	rtified Copy Iditional copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

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

## 10 MAY 13 AM 9:45 Articles of Amendment Articles of Incorporation filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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; Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code)

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

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

## 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)

Title	Name	<u>Address</u>	Type of Action
Chair	Natasha Owens	P.O. Box 2/22 Du, FL 32303	☐ Add Remove
Chair	·	Stocko Chirping Way	Add Remove
Vice-Chair	NatashaDWens	P.D. Box 2132 Dax, FC 33203	Add Remove
	ng or adding additional Articles, enter c litional sheets, if necessary). (Be specific		
1			
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The date of each amendment(s) adoption: May 10, 2010
Effective date if applicable: (date of adoption is required)  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
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 May 11, 3010 Signature Matasha Owens
(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, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Vice Chaire (Title of person signing)