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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| THINK PINK ROCKS, INC.  NAME OF CORPORATION:  |  |
|---|--|
| N08000006649  |  |
| OCUMENT NUMBER:   |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |
| Please return all correspondence concerning this matter to the following:   |  |
| Amy Seidman   |  |
| (Name of Contact Person)  |  |
|   |  |
| (Firm/ Company)   |  |
|   |  |
| 6734 Newport Lake Circle  |  |
| (Address)   |  |
| Boca Raton, FL 33496  |  |
| (City/ State and Zip Code)  |  |
| amycpm@aol.com  |  |
| E-mail address: (to be used for future annual report notification)  |  |
| For further information concerning this matter, please call:  |  |
| Rich Nelson 917 374-3685  |  |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number)   |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |  |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 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

## Articles of Amendment to Articles of Incorporation of

THINK PINK ROCKS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N08000006649 (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: 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 \_ (Zip Code) (City) 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)

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 | PT         John Do           V         Mike Jon           SV         Sally Sn | <u>nes</u>        |                              |
|----------------------------------|---|-------------------|------------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>  | Name              | Address                      |
| 1) Change                        | D   | Richard S. Nelson | 43 East 20th Street, Floor 8 |
| X Add                            |   |                   | New York, NY 10003           |
| Remove                           |   |                   |                              |
| 2) Change                        | S   | Wendy B. Nelson   | 43 East 20th Street, Floor 8 |
| X Add                            |   |                   | New York, NY 10003           |
| Remove                           |   |                   |                              |
| 3) Change                        | <del></del>   |                   |                              |
| Add                              |   |                   |                              |
| Remove                           |   |                   |                              |
| 4) Change                        |   |                   |                              |
| Add                              |   |                   |                              |
| Remove                           |   |                   |                              |
| 5) Change                        |   |                   |                              |
| Add                              |   |                   |                              |
| Remove                           |   |                   |                              |
| 0 0                              |   |                   |                              |
| 6) Change                        |   |                   |                              |
| Add                              |   |                   |                              |
| Remove                           |   |                   |                              |

| f amending or adding additional A<br>attach additional sheets, if necessary) | . (Be specific) | ,            |               |                 |                |
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|  | October 31, 2017  |                      |
|--|---|----------------------|
| The date of each amendme date this document was sign | ent(s) adoption:  | , if other than the  |
| Effective date if applicable                         | 10/21/1017  |                      |
| Nata. If the date incerted in                        | this block does not meet the applicable statutory filing requirements, this date will   | not he listed as the |
|  | n the Department of State's records.  | not be fisted as the |
| Adoption of Amendment(s                              | s) ( <u>CHECK ONE</u> )   |                      |
| ☐ The amendment(s) was was/were sufficient for       | s/were adopted by the members and the number of votes cast for the amendment(s) approval.   |                      |
| There are no members adopted by the board of         | or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.  |                      |
| Oct<br>Dated   | tober 23, 2017  |                      |
| Signature  | am Sudman   |                      |
| (By s  | the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) | <del></del>          |
| ,  | Amy Seidman   |                      |
| -  | (Typed or printed name of person signing)   |                      |
| 1  | Director  |                      |
| -  | (Title of person signing)   |                      |