# N0900000 4262

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
ALL ANASSES FOR PROPERTY.

Afrend. 12-14-10 DC



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2010

SEAN WOLFINGTON POSITIVE MEDIA MARKETING INC. 200 CRANDON BLVD., SUITE 200 KEY BISCAYNE, FL 33149

SUBJECT: POSITIVE MEDIA MARKETING INC.

Ref. Number: N09000004262

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 410A0002821

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Hi Darlene,

I had sean sign

the attached papernark.

Sony for the confusion.

Thanks,

Kathleen

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Positive Medi	a Marke	eting Inc	
DOCUMENT NUM	BER: N09000004262			
The enclosed Articles	s of Amendment and fee are su	bmitted fo	r filing.	
Please return all corre	espondence concerning this ma	tter to the	following:	
<u></u>		n Wolfing f Contact I		
	(Name o	i Comact i	cisony	
	Positive M	edia Mar	keting Inc	
	(Fire	n/ Compar	y)	
	200 Crand	lon Blvd,	Ste. 200	
	(	Address)		
	Key Bisc	ayne, FL	. 33149	
	(City/ Sta	ate and Zip	Code)	
	jessie@v			
	E-mail address: (to be use	ed for futui	e annual report notifi	ication)
For further information	on concerning this matter, pleas	se call:		
Kathleen Bacon		at (	305 ) 849-90	005 (time Telephone Number)
(Name	of Contact Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Florida Departme	ent of State:
▼ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Street Address	,
	dment Section		Amendment Section	
	on of Corporations  Box 6327		Division of Corporate Clifton Building	tions
	nassee, FL 32314		2661 Executive Cent	ter Circle

Tallahassee, FL 32301

### Articles of Amendment **Articles of Incorporation** of

## Positive Media Marketing Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N0900	0004262		<u></u>	
(Document Numbe	r of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incompared		this Florida Not For	Profit Corporation add	opts
A. If amending name, enter the new name of the	te corporatio	<u>n:</u>		
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "			corporated" or the	
B. Enter new principal office address, if application	able:		ŽS =	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			50 G	
				-
			<u> </u>	Angle Street
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		<b>E S</b>	
				٠,
D. <u>If amending the registered agent and/or regi</u> new registered agent and/or the new register			nter the name of the	
		n Wolfington		
Name of New Registered Agent:			<del>_</del>	
		ndon Blvd. #801		
New Registered Office Address:		da street address)		
	Key	Biscayne	, Florida 33149	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing			and the control	.,
I hereby accept the appointment as registered as position.	gent. 1 am j	amiliar with and acci	ept the obligations of	tne
	_	<del></del>		
Sign	ature of New	Registered Agent, if ch	anging	

Page 1 of 3

# 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
EXD	Erin McCrory	630 S. Sapodilla Ave, #210 West Palm Beach, FL 33401	
<u>AD</u>	Ryan Wolfington	4316 Fortune Ave. Las Vegas, NV 89107	
<del></del>			_ □ Add □ □ Remove
(attach add	ng or adding additional Articles, enditional sheets, if necessary). (Be spange the address of Wolfington,	ecific)	ctor detail
section to t	he following:		-
799 Crande	on Blvd, #801		
Key Biscay	ne, FL 33149		;
			<u> </u>
<del></del>	-		

The date of each amendment(s	s) adoption: November 24, 2010
•	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated_Novel	mber 22, 2010
Signature	
have	he chairman or vise chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Sean Wolfington
	(Typed or printed name of person signing)
	Financier/ President
	(Title of person signing)