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COVER LETTER

TO: Amendment Section . Division of Corporations

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NAME OF CORPORATION	CLASS ACT PROMO	OTIONS, INC		
DOCUMENT NUMBER:	N10000002013			•
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
TOYETTA Y, NEALEY				
	((Name of Contact P	erson)	
CLASS ACT PROMOTIO	NS, INC			
		(Firm/ Company	y)	
1124 TURTLE CREEK DR	IVE NORTH			
		(Address)		
JACKSONVILLE, FLORII	DA 32218			
	(City/ State and Zip	Code)	
mrstoy@att.net				
E	-mail address: (to be used	for future annual rep	port notification)
For further information conc	erning this matter, please of	eall:		
TOYETTA Y. NEALEY		at	904	860-8895
-	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of S	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

FILED

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CLASS ACT PROMOTIONS, INC

		SIGNAL PART AND CARACT
(Name of Corporation as c	urrently filed with the Flor	ida Dent. of State) F FLORIOA
N10000002013		, , , , , , , , , , , , , , , , , , ,
(Document)	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
NA		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name	rporation" or "incorporated	
B. Enter new principal office address, if applicable:	NA _.	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
		···
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	na <u>Na</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
NΔ		•
Name of New Registered Agent:		
	(F)	orida street address)
New Registered Office Address:	,	
NA		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	tered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes ·		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) NA Change		_			
Add					
Remove					
2) NA Change		_		<u>.</u>	
Add					
Remove					
3) NA Change		_	·		
Add					
Remove					
4) NA Change		<u></u>			
Add					
Remove					
5) NA Change		_		<u></u>	
Add					
Remove					•
6) NA Change		_			
Add					
Remove			•		

(altach additional sheets, if necessary). (Be specific)
UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR
MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501C(3) OF THE INTERNAL REVENUE
CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED
TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.
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E. If amending or adding additional Articles, enter change(s) here:

I ne date of each ame	· / · · — — — — — — — — — — — — — — — —	, if other than the
date this document was	s signed.	•
Effective date if appli		
	(no more than 90 days after amendment file date)	\dot{b}
	ted in this block does not meet the applicable statutory filing requirements, this date w ate on the Department of State's records.	ill not be listed as the
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)	
The amendment(s was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s nt for approval.	;)
There are no mem adopted by the bo	MAY 1, 2015	-
	(Typed or printed name of person signing)	∞
	PRESIDENT	
	(Title of person signing)	