N11000003961

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Amend Musis 7-7-11

COVER LETTER

TO: Ameridment Section
Division of Corporations

NAME OF CORPO	RATION: Vision Interact	tive Media Group, Inc.	
DOCUMENT NUM	BER: N11000003961		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		W. Hooper	
	(Name of	Contact Person)	
	Vision Interacti	ive Media Group, Inc.	
	(Firm	n/ Company)	
	11002 Lake Har	t Drive, Mail Code 100	
	(/	Address)	
	Orland	o, FL 32832	
		te and Zip Code)	
		per1@me.com d for future annual report notifica	tion)
For further information	on concerning this matter, please	e call:	
Max W. Hooper		at (501)650-2800	
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	1 \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

11 JUL - 1 PM 4: 18

SECRETARY OF STATE
JALLAHASSEE FLORIDA

Vision Intera	active Media Group, Inc.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of St.	ate)
N1	11000003961	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company		orporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)	ble: FICE BOX)	
D. If amending the registered agent and/o new registered agent and/or the new re		ter the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	_
		_, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.		ot the obligations of the
_	Signature of New Registered Agent, if cha	nging

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) Title Name <u>Address</u> Type of Action ☐ Add ☐ Remove □ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE VIII DISTRIBUTION OF ASSETS UPON DISSOLUTION Upon the dissolution of this corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(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.

The date of each amendment(s	adoption: May 23, 2011
	(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 approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were stors.
Dated <i>(</i> Signature	Mey 23, 201)
(By the	the chairman or vice 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)
	Max W. Hooper
•	(Typed or printed name of person signing)
	Chairman & Chief Executive Officer
	(Title of person signing)