## N1300000 9515

| <del></del>                             |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| _                                       |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



400324553764

02/19/19--01015--018 \*\*35.00



C. GOLDEN FEB 22 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Prime Time Y NAME OF CORPORATION:                   | 'es Center, INC.   |                              |  |
|---|--|------------------------------|--|
| N13000009515<br>DOCUMENT NUMBER:                    |  |                              |  |
| The enclosed Articles of Amendment and fee a        | re submitted for filing.   |                              |  |
| Please return all correspondence concerning thi     | •  | ;                            |  |
| Alexander Dwork                                     | v  |                              |  |
|   | (Name of Contac  | t Person)                    |  |
| CTE Support Group                                   |  |                              |  |
|   | (Firm/ Comp  | any)                         |  |
| 203 Via Emilia                                      |  |                              |  |
|   | (Address   | )                            | · ¿.   |
| Palm Beach Gardens/ Florida, 33418                  |  |                              | -  |
|   | (City/ State and Z   | ip Code)                     |  |
| ad@ctesupportgroup.com                              |  |                              |  |
| E-mail address: (to b                               | oe used for future annual  | report notificati            | on)  |
| For further information concerning this matter.     | please call:   |                              |  |
| Alexander Dwork                                     |  | 561<br>at                    | 8761668  |
| (Name of Contact                                    |  |                              | (Daytime Telephone Number)   |
| Enclosed is a check for the following amount n      | ade payable to the Florid  | la Department o              | f State:   |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of \$ | Fee & □\$43.75 Filing F<br>Status Certified Copy<br>(Additional copenclosed) | Cert<br>by is Cert<br>(Add   | 50 Filing Fee ificate of Status ified Copy ditional Copy is losed) |
| Mailing Address Amendment Section                   |  | Street Address Amendment Sec |  |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

PRIME TIME YES CENTER, INC.

2019 FEB 19 PM 3: 28

| (Name of Corporation   | as curren        | tly filed with the Florid  | a Dept. of State)                       |
|--|------------------|----------------------------|---|
| N13000009515   |                  |                            | instaliassee.                           |
| (Docum   | nent Numb        | er of Corporation (if know |   |
| Pursuant to the provisions of section 617,1006. Floamendment(s) to its Articles of Incorporation:  | rida Statute     | s, this Florida Not For I  | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the   | <u>corporati</u> | on:                        |   |
| CTE SUPPORT GROUP INC.   |                  |                            | The new                                 |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam |                  | ion" or "incorporated"     | or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applica  | ble              | N/A                        |   |
| (Principal office address MUST BE A STREET A   |                  |                            |   |
|  |                  |                            |   |
|  |                  |                            |   |
| C. Enter new mailing address, if applicable:   |                  | N/A                        |   |
| (Mailing address MAY BE A POST OFFICE)   | BOX)             |                            |   |
|  |                  |                            |   |
|  |                  |                            |   |
| D. If amending the registered agent and/or regis   | stared offic     | ee address in Florida, er  | iter the name of the                    |
| new registered agent and/or the new register   |                  |                            | the hame of the                         |
| Name of New Registered Agent:  | N/A              |                            |   |
|  |                  |                            |   |
|  |                  | <i>(Flori</i>              | da street address)                      |
| New Registered Office Address:   |                  |                            |   |
|  | N/A              |                            | , Florida                               |
|  |                  | (City)                     | (Zip Code)                              |
| New Registered Agent's Signature, if changing I  | Registered       | Agent:                     |   |
| I hereby accept the appointment as registered agen   | it. Tam fai      | niliar with and accept th  | e obligations of the position.          |
|  |                  |                            |   |
| -  | Si               | gnature of New Register    | ed 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><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |                 |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action<br>(Check One)     | <u>Title</u>                       | <u>Name</u>                           | <u>Addres</u> s |
| 1) Change                         | N/A                                | N/A                                   | <br>N/A         |
| Add                               |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |
| 2) Change                         |                                    |                                       | <br>            |
| Add                               |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |
| 3 ) Change                        |                                    |                                       | <br>            |
| Add                               |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |
| 4) Change                         |                                    |                                       |                 |
| Add                               |                                    |                                       | <br>            |
| Remove                            |                                    |                                       |                 |
|                                   |                                    |                                       |                 |
| .5) Change                        |                                    |                                       | <br>            |
| Add                               |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |
| 6) Change                         |                                    |                                       | <br>            |
| Add                               |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |

| . If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) |           |       |   |
|--|---------------|-----------|-------|---|
| N/A  |               |           |       |   |
|  |               |           | <br>  |   |
|  | •             |           | •     |   |
|  |               |           |       | _ |
|  |               |           | -     |   |
|  | _             |           |       |   |
|  |               |           |       |   |
|  |               |           |       |   |
|  |               |           |       |   |
|  |               |           | <br>  |   |
|  |               |           | <br>  |   |
|  | -             |           | <br>  |   |
|  |               | · · · · · | <br>_ |   |
|  |               |           | <br>  |   |
|  |               |           |       |   |
|  |               |           | <br>  |   |
|  |               |           | <br>  |   |
|  |               |           |       |   |
|  |               |           |       |   |

| The date of each amendment(s) adoption:  | , if other than the       |
|--|---------------------------|
| date this document was signed.  N/A  Effective date if applicable:   |                           |
| (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.   | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                           |
| ■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.  | nt(s)                     |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.   | re                        |
| 02/14/2019<br>Dated  |                           |
| Signature Xlavich Brandon Wrok   |                           |
| (By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |                           |
| Alexander Brandon Dwork  |                           |
| (Typed or printed name of person signing)  | _                         |
| President  |                           |
| (Title of person signing)  | <del>-</del>              |