1500004869

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MIND Over Music Movement, INC. DOCUMENT NUMBER: **150000** 4869 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chandler Loveless (Name of Contact Person) (Firm/ Company) (City/ State and Zip Code) -mail address: (to be used for future annual report notification) For further information concerning this matter, please call: handler Loveless
(Name of Contact Person) at 964 294-8519
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

> Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Mind Over Music Movellent,	INC.
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
N 15000004869	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	2136 Kings Aux
(Principal office address MUSI BE A STREET ADDRESS	Jacksonville, FL 32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10263 Whispering Forest Dr Apt. 705
	Apt. 705
	Jacksonville, FL 32257
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
Name of New Registered Agent: Cha	ndler Loveless
2134	hings Ave (Florida street address)
New Registered Office Address:	(Florida street address)
Jac	Ksonville Florida 32207
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	I Agent: amiliar with and accept the obligations of the position.
	Mem Em
	Signature of New Registered Agent, if changing
	FS 3

Page 1 of 4

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>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>coo</u>	Shawn Jashin	1114 Morgan Circle W Orange Fark, FL 32073
2) Change	<u>CE0</u>	Stephanie Loveless	10263 Whispering Forest Drive, Apt 705, Jacksonville FL,32257
Remove 3) Change Add			10/30007
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (aitach additional sheets, if necessary).	(Be specific)			
				
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The date of each amendment(s) adoption:	, it other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · ·
(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 w document's effective date on the Department of State's records.	ill 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(s) was/were sufficient for approval.	()
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated December 13, 2015	
Signature	
(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)	
Chardler Loveless (Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
President	
(Title of person signing)	