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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Breed Revival Network, Inc.						
DOCUMENT NUMBER: N150000 6 335						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Jennifer LeClaire (Name of Contact Person)						
(Name of Contact Person)						
New Breed Revival Network, Inc. (Firm/Company)						
(Firm/ Company)						
2049 S. Ocean Dr. # 404 (Address)						
(Address)						
Hallandale Beach, FL 33009						
(Čitý/ State and Zip Code)						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report nonneation)						
For further information concerning this matter, please call:						
Jennifer Leclaure at 305-467-4284						
(Name of Contact Person) (Area Code) (Daytime Telephone Number)						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Secretificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Secretified Copy (Additional copy is enclosed) \$35 Filing Fee Secretified 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

FILED

	Articles of Incorporation of		16 MAR -3 PM 9: 1		
New Breed (Name of Corporation	Revival 1	Ve two k, h the Florida Dept.	TAKE LARY OF STATE		
// 500 (Docum	nent Number of Corpor	ation (if known)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Not For Profit Co	prporation adopts the following		
A. If amending name, enter the new name of the	corporation:				
	NA		The new		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		corporated" or the a	bbreviation "Corp." or "Inc."		
	. /	14-			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.		/ //			
	<u></u>				
C. Entenness melling address if anyther live					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u> 180x</u>) <u>V/A</u>				
	······································				
D. If amending the registered agent and/or registered agent and/or the new registered		r Florida, enter the	name of the		
	A //A				
Name of New Registered Agent:	$-\nu/\nu$				
		(Florida street d	address)		
New Registered Office Address:					
			, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		nd accept the obliga	tions of the position.		
	NA				
_	Signature of N	lew Registered Agen	t, 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 <math>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	V Mik	n <u>Doe</u> se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DR	Joe Dawson	3401 W. 7th 5t Texarkana, TX 75501
2) Change Add Remove			
3) Change Add Remove		·	
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Add		Days 2 of 4	

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to the residence of the second	f_{\bullet} , f_{\bullet} ,	
The date of each amendment(s) ado late this document was signed.	ption: 2/26/16	, if other than the
Effective date <u>if applicable</u> :	2/26/16	
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block locument's effective date on the Department.		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of	votes cast for the amendment(s)
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s).	The amendment(s) was/were
Dated	h6/16	
Signature)jill	_
have not been	nan or vice chairman of the board, preside a selected, by an incorporator — if in the appointed fiduciary by that fiduciary)	
	Firmfer Le Clair	⊅ `
	(Typed or printed name of	person signing)
	DR	
-	(Title of person	n signing)