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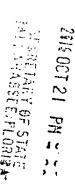
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OCT 2.5 2015 C. C. PROTESTA

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HBESHA BRO ADCASTING 4 MEDIA PRODUCTION /	'N C
DOCUMENT NUMBER: N 16 00 00 0 5 8 2 0	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ANTENEH M GELAYE_ (Name of Contact Person)	
(Name of Contact Person)	
HABESHA BROADCASTING (Firm/Company)	
(Firm/ Company)	
2463 CBACHMAN LAKE DRIVE (Address)	
TACKSONVILLE FLORIDA 32246 (City/ State and Zip Code)	
agelaye @ gmail: Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anteneh GELAYE at (904) 625-2087  (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 U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Amendment Section  District Of Control of C	

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**

## HBESHA BROAD CASTING & MEDIA PRODUCTION INC (Name of Corporation as chrrently filed with the Florida Dept. of State)

## N 16000005820 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
HABES HABROADCASTING & name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	HEDIA PRODUCTION INGhe new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	NOT-APPLICABLA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT-APPLICABLE
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent:	T APPLICABLE
New Registered Office Address:	(Florida street address)
<u> </u>	Ot Appliable, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	
Si	ignature of New Registered Agent, if changing

Page 1 of 4

POT APPLICABLE	E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
		W 05	APPLICE	ABCE		
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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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	Name	,	Address /
1) Change		NOT	APPLICABLE	<del></del>
Add				
Remove				
2) Change	<del></del>			
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Remove				
3 ) Change	<u> </u>	<del> </del>		
Add				
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	10-8-2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, artment of State's records.	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 ar	nendment(s)
There are no members or membe adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) s.	was/were
Dated <u>10-8-</u>	2016	
Signature Ann	See	
(By the chairm	an or vice chairman of the board, president or other officer-	
	selected, by an incorporator – if in the hands of a receiver, pointed fiduciary by that fiduciary)	trustee, or
Ante	(Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	Secretary (Title of person signing)	
	(Title of person signing)	