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C. GOLDEN

JUL 2 4 2017

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: TRAM HOLY	Ghost Headquarters Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MAKY L. BAKEY-MSMIN	bn)
TRGM Hoy Grast Headen (Firm Company)	anters Inc
35-12 (-States Red (Address)	
KIKINISEE FL 3230) (City/ State and Zip C	ode)
trumares bratis a vano E-mail address: (10 be used for futule annual repo	d notification)
For further information concerning this matter, please call:	
Mary L. Baker - Miller at	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida D	epartment of State: EIN-47-4705385
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & 1 \$43.75 Filing Fee & 1 Certificate of Status Certified Copy (Additional copy is enclosed)	₹ \$52.50 Filing Fee Certificate of Status
Amendment Section Am Division of Corporations Div P.O. Box 6327 Clif Tallahassee, FL 32314 266	ret Address endment Section ision of Corporations non Building 1 Executive Center Circle tahassee, FL 32301

Articles of Amendment Articles of Incorporation

International Property of the (Name of Corporation as currently filed with the Florida Do 17000001920 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Page Lof 4

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice I	and/or Director bo , if necessary) rector title by the fi President; T= Treas = Chief Financial C	eing added: rst letter of the office title: surer; S= Secretary; D= D Officer. If an officer/direct	tirector; TR= Trustee;	tor being removed and title, nam C = Chairman or Clerk; CEO = Contile, list the first letter of each off	hief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporation	i, Sally Smith is named the	e is listed as the PST a V and S. These should	nd Mike Jones is listed as the V. Th be noted as John Doe, PT as a Ch	here is iange,
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	nes			
Type of Action (Check One)	<u>Title</u>	Name	A	<u>ddres</u> s	
1) Change Add Remove	VP	Kendrick	<u> </u>	Talkatassee, 70	HVR -
2) Change Add Remove					
3) Change Add					
Remove 4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Lendrick MEMiller Pastoxing at TRGM	15 NO longer Holy Shost Headquarters
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The date of each amendment(s) adoption	n:	the than the properties of the contract of the
late this document was signed.	_	
Effective date <u>if applicable</u> :	NEW	
	(no more than 90 days after an	nendment file date)
Sote: If the date inserted in this block doe ocument's effective date on the Departme		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number	er of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendmen	it(s). The amendment(s) was/were
Dated	4/2017	
Signature (Ry the chateman o	Mi Math	resident or other officer-it directors
have not been sele		the hands of a receiver, trustee, or
Marc	(Typed or printed nan	ne of person signing)
_ Cuic	701 Prosident	t Burch ergon signing)