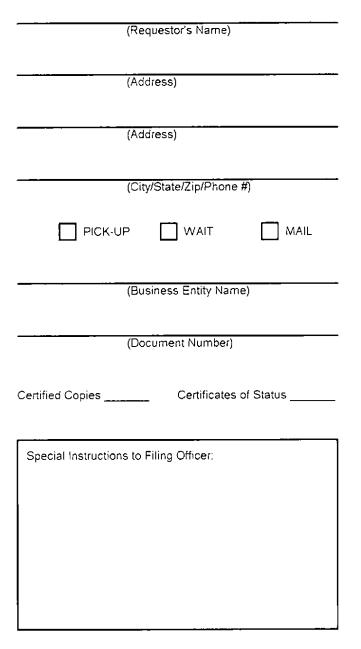
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Soldiers In Action	n Productions
N24000004699	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Claretha Johnson	
	(Name of Contact Person)
Soldiers In Action Productions	
	(Firm/ Company)
1709 Helena Street	
	(Address)
Jacksonvile, FL 32209	
	(City/ State and Zip Code)
ActingMadeFun@gmail.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Claretha Johnson	678 7898555
(Name of Contact Per	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Soldiers In Action Productions				
Name of Corporation as currently filed with the	Florida Dept. of	State)		
N24000004699				
(Docume	nt Number of Co	rporation (if know	n)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this F	Torida Not For Pi	rofit Corporation adopts the	following
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the word	"corporation" or	"incorporated" o	r the abbreviation "Corp."	or "Inc."
"Company" or "Co." may not be used in the name.			4. 038	2024
B. Enter new principal office address, if applicab	i <u>le:</u>			<u> </u>
(Principal office address <u>MUST BE A STREET AL</u>	DKESS)		<u></u>	2 25 . ———∷
			运	ن ان
			<u> </u>	- P
C. Vator new mailing addrags if applicables			E CO	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)		-n=1	
(), and ()				
				-
			, 	
D. If amending the registered agent and/or regist	tered office addre	ess in Florida, en	ter the name of the	
new registered agent and/or the new registere				
Name of New Registered Agent:	Claretha Johnson			
	NA			· _ ·
-		,FI +	a street address)	
New Registered Office Address:		(Floria	a street adaress)	
THE REGISTER STATE TOWN CO.				
<u>.</u>			, Florida (Zip Code)	
	(City))	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar w	ith and accept the	obligations of the position.	
_	Skindture	of New Registered	d 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) * Change Add	<u>P</u>	Clarettha Johnson	5615 San Juan Ave Jacksonville, FL
Remove			32210
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	~		
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	,	1 11 11 11 11 11 11 11 11 11 11 11 11 1	
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The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 June 5, 2024
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) (Typed or printed name of person signing)
President (Title of person signing)

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