P01000030426

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORE	PORATION:	A New C	Outlook on the I	Future, Inc	
DOCUMENT NU	T NUMBER: P01000030426				
The enclosed Artic	les of Amendment and t	fee are submit	ted for filing.		
Please return all co	rrespondence concernin	g this matter t	o the following:		
	Ka		Jennifer Jones		_
		Name of Con	tact Person		
		Firm/ Co	mpany		-
	<u>-</u>	5416 Kare	· · · · · · · · · · · · · · · · · · ·		_
		Addr	ess		
		Orlando, I			-
	anb	outlook@yat	noo.com		
	E-mail address: (to be	e used for future	annual report notificat	ion)	
For further informa	tion concerning this ma	tter, please cal	l:		
	Karin Dennis	at (_		393 7995	
Name	of Contact Person		Area Code & Daytin	ne Telephone Numbe	r
Enclosed is a check	for the following amou	nt made payal	ole to the Florida D	epartment of Stat	e:
□ \$35 Filing Fee		Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclosed.		e of Status
Mailing Ad Amendmen Division of P.O. Box 63	t Section Corporations	Ame Divis	et Address ndment Section sion of Corporatior on Building	ns	

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2009

KARIN DENNIS 5416 KAREN COURT ORLANDO, FL 32811

SUBJECT: A NEW OUTLOOK ON THE FUTURE, INC

Ref. Number: P01000030426

We have received your document for A NEW OUTLOOK ON THE FUTURE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2005 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$1350.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2009 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 409A00033257

SEPRETARY OF STATE

Articles of Amendment to Articles of Incorporation of

FILED

A New Outlook or	n the Future, Ir	nc.	2000
(Name of Corporation as currently	filed with the Flori	da Dept. of State)	2009 NOV -2 P 3: 27
P010000	030426		SECRETARY OF STATE TALLAHASSEE. FLORIDA
(Document Number o	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this I	Florida Profit Corpo	
A. If amending name, enter the new name of the c	corporation:		
Virtual Visual	Concepts, Inc.		The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	ord "corporation,' nation "Corp," "In	c," or "Co". A pro	ncorporated" or the fessional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DDECC)	cedar Cr	eek Cr
	Sant	Cedar Cr Furd, FL 3	<u> 2171</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)	2.715 i	
	PO	1302 470 3 Monroe Ec	35 571
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
<u></u>			rida <u></u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	ristered Agent: I am/qmiliar with	and accept the obliga	tions of the position.
Signat	ire of New Registers	ed 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			— ·
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec		
· · · · · · · · · · · · · · · · · · ·			
provisi	mendment provides for an exchange, roons for implementing the amendment i		
(if n	ot applicable, indicate N/A)		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen	t(s) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required) Now control of the
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 9	14/05 11 D
Signature	/ a director, president or other officer – if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	SECTARY
	(Title of person signing)