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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MALL MEDIA M	ARKETING, INC.					
DOCUMENT NUN	B03000040344						
The enclosed Article	s of Amendment and fee are so	abmitted for filing.	 				
Please return all corr	espondence concerning this ma	atter to the following:					
	STUART A. WILLIAMS						
	Name of Contact Person						
	MALL MEDIA MARKETIN						
		Firm/ Company					
	4905 WEST BARTLETT DI						
		Address					
	TAMPA, FL 33603	14.2					
		City/ State and Zip Co	ode				
STU	WILLI@GMAIL.COM						
	E-mail address: (to be us	sed for future annual repo	ert notification)				
STUART A. WILLIA	on concerning this matter, pleas	904	, 615-7004				
Name of Contact Person		at (at C	Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made p	payable to the Florida De	partment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified 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					
* N	AME CHAN	GE ONL	4				

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Fl	lorida Dept. of State)		
P02000069756				
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Con	rporation adopts the following	g amendm	ent(s) to
A. If amending name, enter the new name of the corp-	oration:			
Elevated Consultants, Inc.		/	The nev	ıı.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the abi	"Inc." or "Co". A professio	or "incorporated" or the ab nal corporation name must c	breviatio contain th	n C
B. Enter new principal office address, if applicable:	ECC)			
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u></u>	S	2018	
		5 C) 77 78	AP!	77
	· 	g	-	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			. ♣	
(maning dualess SATT BEAT VOIL OF THEE BOLD)		CANAGE CONTRACTOR OF THE CONTR	<u> </u>	[
			6.2	-
		1 -	T O	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		iter the name of the		
Name of New Registered Agent				
	(Florida street address)		•	
New Registered Office Address:		Florida		
	(City)	, Florida	(ode)	
N. D. Carried A. a. 182 Cinnerson - Habitanian Doning	and Anonte			
New Registered Agent's Signature, if changing Regist	ered Agenii:	e obligations of the position.		

Signature of New Registered 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	<u>PT</u>	John Do			
X Remove	\underline{V}	Mike Jo	ne <u>s</u>		
X Add	<u>SV</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change	<u> </u>	_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add		_		•	
Remove					
(h					
6) Change		_			
Add					

<u>f amending or adding</u> Attach <i>additional sheets</i>		(Be specific)			
	.,	• •			
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					•
<u>f an amendment provi</u>	des for an exch	ange, reclassific	ation, or cancella	tion of issued sh	ires,
provisions for implem	enting the amer	<u>idment if not co</u>	ntained in the an	<u>iendment itself:</u>	
(if not applicable, i	indicate N/A)				
	<u> </u>				
•	· · · · · · · · · · · · · · · · · · ·				

• '

The date of each amendment() date this document was signed.	s) adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this of Department of State's records.	fate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	uent
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
4/11/ Dated Signature	Stull A. Will.	
(By	a director, president or other officer – if directors or officers have not beer ceted, by an incorporator – if in the hands of a receiver, trustee, or other consolnted fiduciary by that fiduciary)	
	STUART A. WILLIAMS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	