P02000102948

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: COUNCET DIRECT MARKETING, THE DOCUMENT NUMBER: POSODOIDS 948
DOCUMENT NUMBER: PD200102948
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PUN HAIC HOEKSTEA Name of Contact Person
Traine of Conduct Ferson
Firm/ Company
858 GAISTON Dr. Address WINTER SONINGS, F./. 32708 City/ State and Rip Rode
Address
WINTER SPRINGS, Fl. 32708
City/ State and Zip/Zode
E-mail address: (to be used for future annual report notification)
D man address. (We take to rathe annual report nonneutral)
For further information concerning this matter, please call:
ANN HOEKSTRA at (321) 377-2734
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

•	Articles of Amendment	
	to Articles of Incorporation	
	of	
(DUNCOT Dire	et MARKETING, INC	ري. د ا
(Name of Corporat	tion as currently filed with the Florida Dept. o	of State)
TAITILITIVE	FARMOLANS JUL.	P02000102948
(Docu	ment Number of Corporation (if known)	V SOUDO V V V S
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
	ISIÓNS, INC.	71
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorpora p," "Inc," or "Co". A professional corporation	The new ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicabl (Principal office address MUST BE A STREET AD.		N Dr.
	3270 BE 371	08
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		of the
Name of New Registered Agent		
,		
 	(Florida street address)	
New Registered Office Address:	, F	lorida
	(City)	(Lip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations o	f the position.
	•	
Sign	nature 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>РТ</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	^		
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
S. Chana			
5) Change	-		
Add		-	
Remove		-	
n Change			
Add		-	
Remove			

. <u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary).</i>	cles, enter change(s) here: (Be specific)
	
·	
. If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
(у пог аррисаоге, таксаге млл)	

The date of éach amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 1-22-16
Signature Circ & Wolcotia
(By a director, president or other officer – if directors or officers 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)
Punchat

(Title of person signing)