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COVER LETTER

TO: Amendment Sect Division of Corp	orations			
NAME OF CORPOR	RATION: MARKETING IN	COLOR, INC.		
	BER: P02000107782			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this man	tter to the following:		
	CHERYL A. PARRISH			
		Name of Contact Person		
MARKETING IN COLOR, INC.				
	Firm/ Company			
1515 N MARION STREET				
	Address			
	TAMPA FL 33602			
		City/ State and Zip Code		
AGO	LDSTEIN@MARKETINGIN	COLOR.COM		
	E-mail address; (to be us	sed for future annual report	notification)	
For surther informatio	n concerning this matter, pleas	se call:		
ANGELA GOLDSTI	EIN	at (258-3771 le & Daytime Telephone Number	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 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

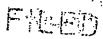
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment Articles of Incorporation

MARKETING IN COLOR, INC.



(Name of Corporation as currently	filed with the Florida Dept. of State)
P02000107782	2018 НАУ -Ь A II: 13
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	" "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addre	er in Florida anton the name of the
new registered agent and/or the new registered office address:	ss in Provida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	Clasida
	, Florida City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position
	and accept the configurations by the position,
Signature of New Re	gistered 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	se Jones	
<u>X</u> Add	<u>SV</u> Sall	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	HERBERT YOUNG	1515 N MARION STREET
Add X Remove			TAMPA, FL 33602
2) Change			
Add Remove			
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			

	ticles, enter change(s) he . (Be specific)			
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The date of each amendment(s) ado date this document was signed.	3/1/2019 ption:	, if other than
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requiremen	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the an cient for approval.	nendment(s)
	ved by the shareholders through voting groups. The followinch voting group entitled to vote separately on the amendme	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ed by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and share	:holder
4/16/2019 Dated		
Signature	ctor, president or other officer – if directors or officers have	nut hoon
selected, t	by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
CI	HERYL A. PARRISH	
_	(Typed or printed name of person signing)	-
PF	RESIDENT	
_	(Title of person signing)	

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