P0300045874

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

A AND YE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Brev	ard Ebony News Inc			
DOCUMENT NUMBER:	NUMBER:P03000045874				
The enclosed Articles of An	endment and fee	are submitted for filing.			
Please return all corresponde	ence concerning t	his matter to the following:			
	1	Domenic H. Calicchia			
		Name of Contact Person			
	Pro	fessional Accounting			
		Firm/ Company			
	1520	Bottlebrush Dr NE			
•		Address			
		alm Bay FL 32905			
		City/ State and Zip Code			
E-1	nail address: (to be u	scd for future annual report notification)			
For further information con-	erning this matte	r, please call:			
Name of Contact	Person	at ()	subona Numbar		
		made payable to the Florida Depar			
□ \$35 Filing Fee □ \$43	.75 Filing Fee & tificate of Status	S43.75 Filing Fec & Certified Copy (Additional copy is enclosed)			
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le		

Articles of Amendment to Articles of Incorporation of

Aı	rticles of Incorporation	n /0 //	- 1720 5
	of	71/1p	12,00
Brevard Ebo	ny News, Inc.	ALCARIC	7 Pro 1:56
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)	5.00
P030	00045874	ζ,	51875 V
(Document Numb	per of Corporation (if know	wn)	100g
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl		
A. If amending name, enter the new name of t	the corporation:		
Ebony News	Today, Inc.	7	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co" or the a name must contain the word "chartered," "profe	lesignation "Corp," "Inc	"," or "Co". A professional corp	or the poration
B. Enter new principal office address, if appli	cable:		
(Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFIC	E BOX)		
	- _		
D. If amending the registered agent and/or re- new registered agent and/or the new regist		n Florida, enter the name of the	
new registered agent and of the new regist	erea ornice address.		
Name of New Registered Agent:			
_			
New Registered Office Address:	(Florida street a	ıddress)	
		, Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing	o Danistanad Assauts		
I hereby accept the appointment as registered ag		and accept the obligations of the p	osition.
2 0	-	- 3 ,].	
Sie	gnature of New Registered	d Agent, if changing	
	,	G	

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>	Name	Address	Type of Action
			Add Remove
			Add Remove
			. Add Remove
	g or nading additional Articles, enter c) tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla s for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of ison to the smendment	sued shares, itself:

02/25/2010 03:26 3216765737

The date of each amendment(s)	adoption:	February	25th,	2010
		(date of adoption is re	equired)	
Effective date <u>if applicable</u> : (n	o more than 90 c	lays after amendment	file date)	
Adoption of Amendment(s)	(CHE	CK ONE)		
The amendment(s) was/were a by the shareholders was/were	•		ber of vote	es cast for the amendment(s)
The amendment(s) was/were a must be separately provided for	approved by the spor each voting gr	shareholders through roup entitled to vote so	voting gro eparately o	ups. The following statement on the amendment(s):
"The number of votes cas	t for the amendn	ent(s) was/were suffi	cieлt for a	pproval
by				
(ve	oting group)			
The amendment(s) was/were a action was not required.	•			
The amendment(s) was/were action was not required.	adopted by the in	corporators without s	hareholde	section and shareholder
DatedSignature	Mas.	10		
(By a				or officers have not been
			of a recei	ver, trustee, or other court
appoin	nted fiduciary by			· .
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•	(Туре	d or printed name of	_	ning)
			ers	• •
-	(Title of p	person signing)		