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TALL AHASSEE FLORING

JUL 0.5 2012 T. ROBERTS

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Client Focus Media **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael White Name of Contact Person Client Focus Media Firm/ Company 100 Festival Park Ave Jacksonville FL 32202 City/ State and Zip Code mike@cfmedia.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $at \, (\frac{904}{Area \, Code} \, \underbrace{\frac{476 \, 2940}{\& \, Daytime \, Telephone \, Number}}$ Mike White Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

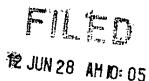
**Mailing Address** 

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation of



Client Focus Media, Tyc.	
(Name of Corporation as currently filed with the F	lorida Dept. of State) TALL AHASSEE FOORION
(Document Number of Corporation (i	f known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
Client Focused Media 🎪	The new
name must be distinguishable and contain the word "corporatio" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	100 Festival Park Ave
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jacksonville FL 32202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
7. To	unas in Elevido, estanthe name of the
<ol> <li>If amending the registered agent and/or registered office add new registered agent and/or the new registered office address</li> </ol>	
Name of New Registered Agent	
(Florida str	rect address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered A	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 X Remove	<u>PT</u> <u>V</u>	John Doe  Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove			
2) Change Add Remove			
3 ) Change Add Remove	<del>- , "</del>		
4) Change Add Remove			
5) Change Add Remove		-	
6) Change Add Remove		<del>-</del> -	

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or o Iment if not contained in	cancellation of issue the amendment its	d sha <u>res,</u> elf:
		<u> </u>	
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The date of each amendment(s) a	doption: 06/28/2012
Effective date if applicable: 06	5/28/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 06/28 Signature (By a d selected	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арропп	Michael White
	(Typed or printed name of person signing)
	President
	(Title of person signing)