# P030000832722

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



800251003248

08/26/13--01029--026 \*\*35.00

13 AUG 26 PH 2: 30
SECRETARY OF STATE

C. LEWIS AUG 2 9 2013 EXAMINER

#### **COVER LETTER**

TO: Amendment Section'

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: Robert	Evans Advers	rising Inc.
DOCUMENT NUMBER:		·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Robert E	TVANS	
Robert Evan	Name of Contact Persons  Advertising =	Inc. D.B.A. HEYDAY
2915 Jugiras	= Park Dr.	Suite 500
Jupiter, H	- 33458	
E-mail address: (to be		notification)
For further information concerning this matter, ple	ease call:	
Robert EVANS	at (561	, 882-0044
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \text{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)
<u>Mailing Address</u> Amendment Section		Address
Division of Corporations		Iment Section on Officer of Corporations

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### **Articles of Incorporation**

ωf

FILED

SECRETARY OF STATE ALL AHASSEE. FLORIDA  opts the following amendment(s):
The new rated" or the abbreviation
rated" or the abbreviation
rated" or the abbreviation
rated" or the abbreviation
ne of the
(Zip Code)

## . 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:	e, and ou	ny smin, sy us un nau.		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change	<u>V</u>	Andrew N	. Bugsby	6351 Riverwalk Ln #3
<b>✓</b> Add				Jupiter FL
Remove				33458
2) Change		<del>_</del>		
Add				
Remove				
3) Change			<del> </del>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u>.</u>	
Add				
Remove				
6) Change				
Add				
Damova				

	(Be specific)
	N/A
	<del></del>
The state of the s	<del>-</del>
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1/0
	N/A
	•
·	

The date of each amendment(s) adop	tion:	/A	, if other than the
date this document was signed.		=	LED
Effective date if applicable:	(no more than 90 days	after amendment file date AUG 2	<del>26 PM 2:</del> 30
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		RY OF STATE SSEE, FLORIDA
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The numberient for approval.	er of votes cast for the amendmen	nt(s)
The amendment(s) was/were approving must be separately provided for each	ved by the shareholders through voch voting group entitled to vote sep	ting groups. The following state parately on the amendment(s):	ement
"The number of votes cast for	the amendment(s) was/were suffice	cient for approval	
	(voting group)	<del></del> -	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors withou	t shareholder action and shareho	lder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without sha	reholder action and shareholder	
Dated $8/2$	3/13		
Signature	Kolev h. Inn		
(By a directed, b	ctor, president or other officer – if by an incorporator – if in the hands fiduciary by that fiduciary)		
	Robert M. L		
	(Typed or printed i	name of person signing)	
	President	-	
		erson signing)	