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SECRETARY OF STATE VISION OF CORPORATIONS

COVER LETTER

'TO: Amendment Section **Division of Corporations**

7

		,	
NAME OF CORPORATION:	Studio	Tour	
DOCUMENT NUMBER: PO	40000) [5337	
The enclosed Articles of Amendment	and fee are	submitted for filing.	
Please return all correspondence conce	rning this	matter to the following:	
HORA	rio Ŧ	RANCO	
	(Name of	Contact Person)	
S	01 <u>0</u>	Four	<u>.</u>
	(Firm	Company)	
5625	KEY	LARGO CT.	
	(A	ddress)	
BRADE	ENTON	o, FL 34203	
	(City/ Stat	e and Zip Code)	
For further information concerning this	s matter, pl	ease call:	
HORATIO FRANC (Name of Contact Person)	က -	at (41) 351- (Area Code & Daytime	3558 Telephone Number)
Enclosed is a check for the following a	mount ma	de payable to the Florida Dep	artment of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta		\$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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to'

NS

Articles of Incorpor	ration CORPORTATE
of	OB DEC 21 DO SHALLO
STUDIO FOUR	TNC 4
(Name of Corporation as currently filed with t	the Florida Dept. of State)
PO40000 1533?	>
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts th
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp." "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	

New Registered Office Address: (Florida street address)

> , Florida_____ (Zip Code) (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

rein	oved and	title, name, a	ind address of each	Officer and/or Director being add	ed:
Atte	ach additie	onal sheets, if	necessary)		
<u> Fitl</u>	<u>e</u>	<u>Name</u>		Address	Type of Actio
1	<u> </u>	RAUL	TARELA	4014 BANBURY Parrish, FL 3421	Add Remove
					Add Remove
			additional Articles, of if necessary). (Be	enter change(s) here: specific)	Add Remove

The date of each amendment(s) adoption:		
Effective date if applicable:		
	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	
The state of the s	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	voting group)	
(i	voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 12	/15/2008 	
Signature (By a	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	HORATTO FRANCO	
	(Typed or printed name of person signing)	
	\mathcal{M}	
	(Title of person signing)	