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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:	_{DN:} <u>HI VOLTAG</u> P0400013643			
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Line	da M. Lee, Par	alegal		
Cox	zen O'Connor	Name of Contact Person	1	
<u></u>		Firm/ Company	· ,	
200) Four Falls Co	rporate Center,	Ste 400	
		Address		
We	st Conshohock	en, PA 19428		
		City/ State and Zip Cod	e	
mks	atz@overdrivea	adv.com		
		d for future annual report	notification)	
•	z-man address. (to be use	a for future annual report	notification)	
For further information conc	erning this matter, please	call:		
Linda M. Lee		at (610	941-2378	
Name of Con	tact Person		de & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida Depa	artment of State:	
□ \$35 Filing Fee □	3\$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 A	ddress	Street	Address	
Amendme			ment Section	
•	f Corporations	Divisio	n of Corporations	
P.O. Box 6		Clifton Building		
i ananasse	e, FL 32314	2001 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



HI VOLTAGE AUDIO, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000136430

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this Floria	da Profit Corporation ado	pts the following amendme
A. If amending name, enter the new name of the	he corporation:		
OVERDRIVE ADVER	TISING, INC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		Florida, enter the name	of the
Name of New Registered Agent			
Hame of New Negisierea Agen		 	
	(Florida street ad	dress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	ent. I am familiar with a	nd accept the obligations o	of the position.
Signature o	of New Registered 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	*******		
Add			
2) Change	-		
Add			
Remove 3) Change			
Add	MM-01-1		
Remove			Mark
4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

Attach ada	litional sheets	additional Ass, if necessary)). (Be spec	ific)				
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			.:					
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provision	is for implem	ides for an ex ienting the an indicate N/A)	<u>change, rec</u> nendment if	lassification not contain	s, or cancell and in the a	ation of iss nendment i	ued shares, itself:	ı
				<u> </u>				
,								
		*			·			
	 ,							
				-				

date this document was signed.	, if other than the
Effective date if applicable: Upon filing	
(no more than 90 days after amendment)	file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	**
The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action are action was not required.	nd shareholder
Dated 10/22/14	
Signature	
(By a director, president or other officer - if directors or office	
selected, by an incorporator — if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	stee, or other court
Jacob Hamby	
(Typed or printed name of person sig	ining)
President	
(Title of person signing)	