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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: VIDEODEP, INC.
DOCUMENT NUMBER: #04000227768 (2) 0A P04000156188
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEF ROVNER Name of Contact Person
ranc of contact i eison
Firm/ Company
5928 SEASHELL TERRACE
Address
BOYNTON BEACH, FL 33437 City/ State and Zip Code
City/ State and Zip Code
TRVIDEO @ CONCAST. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 561-302-0166
JOSEF ROVNER at (561) 733-8965 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as curr	rently filed with the Florida Dept. of State)
VIDEODEP, INC. (Document Numb	404000227768 POSO00156
(Document Numb	er of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation	<u>:</u>
JRVIDEO, INC.	The new
ne must be distinguishable and contain the word "corpor	The new ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
If amending the registered agent and/or registered office and registered agent and/or the new registered office add	address in Florida, enter the name of the MA
Name of New Registered Agent N/A	
44	
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	•
v Registered Agent's Signature, if changing Registered Agent accept the appointment as registered agent. I am famil	
<i>N</i> /A	
Signature of No	ew 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	<u>PT</u>	John Do	e		.1.		
X Remove	<u>v</u>	Mike Jo	nes		NA		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	Title		Name			Address	
1) Change		uve-		•			
Add							
Remove						 	
2) Change		_					
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add				· •			
Remove							
5) Change	<u> </u>	.				··· · · · · · · · · · · · · · · · · ·	
Add							
Remove							
6) Change							
Add .							
Remove							

E. <u>If</u> (A	Samending or adding additional Articles Attach additional sheets, if necessary). (E	s, enter change(s) here: Be specific)	N/A	
		-		
			·····	
				
• • •				
7. <u>If</u>	f an amendment provides for an exchang provisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or c ment if not contained in	ancellation of issued shares, the amendment itself:	N/A
,				
,				

The date of each amendment(s) adoption: date this document was signed.	NA		_, if other than the
date this document was signed.	d.		
Effective date <u>if applicable</u> :	NIX	O days after amendment file date)	
	(no`more than 90	days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department		able statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti			
"The number of votes cast for the an	nendment(s) was/were	e sufficient for approval	
by	voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors	without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators with	out shareholder action and shareholder	
Dated 8/20/(5	•		
Signature	R		
(By/a director) p		er - if directors or officers have not been	
	ncorporator — if in the ary by that fiduciary)	e hands of a receiver, trustee, or other court	
appointed fiduci	ary by mai nuuciary)		
	JOSEF	FROVNER	
	(Typed or printed r	name of person signing)	
	PRES	OENT	
	(Title o	of person signing)	••