P04000170551

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
. (Do	cument Number)	
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SECRETARY OF STATE

APPROVED FILED

MONO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	SPTV, Inc.	
		•	
DOCUMENT NUMBE	ER:	P04000170551	
The enclosed Articles of	f Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	s matter to the following:	
	Joa	n C. Henry, Esquire	
	N	ame of Contact Person	· · · · · · · · · · · · · · · · · · ·
.%	Lusk Drasi	ites, Tolisano & Smith, P.A.	
	Luon, Diuoi	Firm/ Company	•
·	. 202	Del Prado Boulevard Address	
•		Address	
	Cap	pe Coral, FL 33990	
_	C	ity/ State and Zip Code ,	
	jhenry@atto	orneyscapecoral.com	•
	E-mail address: (to be use	d for future annual report notification)	·
For further information	concerning this matter,	please call:	
Joan C. I	Henry, Esquire	at (239) 57	74-7442
	ntact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for	the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	\$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 Address Amendment Second Division of Corp. P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2010

JOAN DEMICHAEL HENRY 202 DEL PRADO BLVD S CAPE CORAL, FL 33990

SUBJECT: SPTV, INC.

Ref. Number: P04000170551

We have received your document for SPTV, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not file minutes of a meeting in this office. Those are kept within the corporation If you would like a refund for the \$35.00 please let me know.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 910A00014939

Joan Demi chael Henry

www.sunbiz.org

Division of Cornerations - P.O. BOY 6327 Tallahassaa Florida 3231/

Articles of Amendment to

Articles of Incorporation	The party
of	TO SANOVA
SPTV, Inc.	AUG TED
(Name of Corporation as currently filed with the Florida Dept. of State)	RECORD 2 PM
P04000170551	3.5° Oc 3.5°
(Document Number of Corporation (if known)	
ant to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corp.	"今点"。 Paration adopts the following

	the corporation:	
·		The n
ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional corporati
Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	T ADDRESS)	
•		
	 '	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>	. Florido, onter the name of the
	egistered office address in	n Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or r	egistered office address in	n Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in	
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or registered agent and/or the new registered.	egistered office address in	
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in	

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)

Title ·	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	Bill Avramis	408 College Avenue Ithaca, NY 14850	☑ Add □ Remove
D .	Adamadini Perizes	10090 Intercom Drive	☐ Add ☐ Remove
		Fort Myers, FL 33913	
•			Remove
<u> </u>			
1			
	•		
provisio	nendment provides for an exchang	e, reclassification, or cancellation ent if not contained in the amendm	of issued shares, ent itself:
(if n	ot applicable, indicate N/A)		
			
			
	·	. •	

The date of each amendmen	t(s) adoption: May 20, 2010	
TIEC42 d-4-26121-1-	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendatere sufficient for approval.	nent(s)
	ere approved by the shareholders through voting groups. The following stated for 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)	
action was not required.	ere adopted by the board of directors without shareholder action and share ere adopted by the incorporators without shareholder action and sharehold	
Dated	125/10	
Signature	Fall armin	
(B)	y a director, president or other officer – if directors or officers have not be	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other c pointed fiduciary by that fiduciary)	ourt
	Bill Avramis	
	(Typed or printed name of person signing)	
, ,		
•	Director	••
	(Title of person signing)	