## P0500010588

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AUG 0 8 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COL	RPORATION: BrightMove, I	nc.		
DOCUMENT N	UMBER: P05000010588			
	icles of Amendment and fee ar	re submitted for filin	ng.	
Please return all o	correspondence concerning this	s matter to the follo	wing:	
	David Webb			
		Name of Co	ntact Person	n
	BrightMove, Inc.			
	<del></del>	Firm/ C	ompany	
	320 High Tide Dr, Ste	201		
		Add	dress	
	Saint Augustine Beach	ı, FL 32080		
		City/ State a	ınd Zip Cod	e
(	dwebb@brightmove.com			
-	E-mail address: (to b	oe used for future ar	nual report	notification)
For further inform	mation concerning this matter, p	please call:		
David Webb		at (	904	861-2396
N	ame of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for the following amount ma	ade payable to the I	Florida Depa	artment of State:
■ \$35 Filing Fe	ee □\$43.75 Filing Fee Certificate of State		Copy I copy is	□\$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			Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BrightMove, Inc.			
( <u>Name</u>	of Corporation as curre	ntly filed with the Florida	Dept. of State)
P05000010588			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc." or	"Co". A professional co	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			2: 8
			g on
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	무 그
(mailing dataress MAT III, AT 051	OFFICE BOX		
			<u> </u>
D. If amending the registered agent ar			name of the
new registered agent and/or the ne	•	:35:	
Name of New Registered Agent N/A			<del></del>
	N/A		
	(Florida	street address)	<del></del>
New Registered Office Address:	N/A		Florida
New Negasiered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. I am familia	r with and accept the oblige	ations of the position.
<del></del>	Signatura of No.	Registered Agent, if chang	ina
	Signature of trest	resistered rigent, ij chang	uis .

## 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:	ove, and sany sm	un, 3v us un Auu.	
X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>ŞV</u> <u>Şall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	BRANDT, MICHAEL G	320 HIGH TIDE DR, SUITE 201
Add			SAINT AUGUSTINE, FL 32080
X Remove			<del></del>
2) Change			
Add			
Remove			
3) Change	<u></u>		<del></del>
Add			
Remove			
4) Change			<del></del>
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	

	N/A	
The date of each amendment(s) ad date this document was signed.	loption:	, if other than
N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
•	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
08/01/2018	В	
Dated Signature	le Theke	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)	
	David T Webb	
	(Typed or printed name of person signing)	
	CEO and President	
	(Title of person signing)	

the

the