P05000023497

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13 OCT 18 PH 4: 31

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COVER LETTER

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Division of Corporations
NAME OF CORPORATION: Southeast Agnet Publications, INC.
DOCUMENT NUMBER: P0500023497
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer M. Taylor Name of Contact Person
Name of Contact Person Taylor Law Firm P.A. Firm/ Company
420 S. Lawrence Blud.
Keystone Heights, FL 32656 City/ State and Zip Code
Jennifer @ taylor lawfirm pa. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer M. Taylor at (352) 473-8088 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 U\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) U\$52.50 Filing Fee & Certificate of Status (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressSSTREET AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Articles of Amendment to **Articles of Incorporation**

(Document Number of Corporation (if known)

(Bocament Number of Corporation (in known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopt	s the following a	mendment(s
A. If amending name, enter the new name of the corporation:			
Agnet Media, INC.		au	he new
name must be distinguishable and contain the word "corporation," "comportion," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A preword "chartered," "professional association," or the abbreviation "P.A."		ed" or the abbi	reviation
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 address in Flor new registered agent and/or the new registered office address: Name of New Registered Agent	ida, enter the name o	f the	
(Florida street address)			
New Registered Office Address:	, Florida	÷	
(City)		(Zip Code) SECRE	3 元
New Registered Agent's Signature, if changing Registered Agent:		AST.	- F
I hereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of	the position	118 PH 4:3
Signature of New Registered Agent, if cha	anging	1860 1717	ان نا عا
		اصد	

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>p</u>	Robin E. Loftin	5053 NW Highway 225 A Ocala, FL 34482
2) Change Add Remove	<u>P</u>	William G. Cooper	5053 NW Highway 225 A Ocara, Fl 34482
3) Change Add Remove	<u>V</u>	Robin E. Loftin	5053 NW Highway 225 A Ocala, FL 34482
4) Change Add Remove	T	ROBIN E. LOFTIN	5053 NW Highway 225 A Ocala, FL 34482
5) Change Add Remove	_S_	Robin E. Loftin	5053 NW Highway 225A Ocala, FL 34450 SEE ST
6) Change Add Remove			

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provisions for implementing the ame	hange, reclassification, or indment if not contained	cancellation of issued s in the amendment itself:	hares,
an amendment provides for an exclurion provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or endment if not contained	cancellation of issued s in the amendment itself:	hares,
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The date of each amendment(s) adopti date this document was signed.	on: September 27, 2013	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficients	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated September Signature	2 l. X D	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
	RODIN E. LOFTIN (Typed or printed name of person signing)	
	(Title of person signing) AGE AGE AGE AGE AGE AGE AGE AG	FILED 130CT 18 PM 4
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