## P05000045816

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	÷ #)	
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(Doc	cument Number)	· 	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SPOT PRO	DUCTIONS, IN	C.
DOCUMENT NUMBER: P0500004581	6	
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	tter to the following:	
RYAN T. CLEME	NTS	
SPOT PRODUCT	Name of Contact Person	· ·
	Firm/ Company	
1215 E. COLUME	• •	
	Address	
TAMPA, FLORID	A 33605	
	City/ State and Zip Cod	e
RYANTCLEMENTS@	@GMAIL.COM	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
RYAN T. CLEMENTS	<sub>at (</sub> 813	470-9909
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation		<b>5 5 5 1</b>	
SPOT PRODUCTIONS, INC			
		rida Dept. of State)	
(Name of Corporation as currently filed with the Florida Dept. of State) P0500045816			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fa	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and come "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated."	ation "Corp," "Inc," or "C	o". A professional corporation	
B. Enter new principal office address,	if applicable:	1215 E. COLUMBI	JS DR
(Principal office address <u>MUST_BE A STREET ADDRESS</u> )		TAMPA, FLORIDA	33505
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		1215 E. COLUMBI TAMPA, FLORIDA	
D. If amending the registered agent an		ss in Florida, enter the name of	the
new registered agent and/or the new		NEK	
Name of New Registered Agent	ROBERT MEROI		
	1215 E. COLUM		
New Registered Office Address:	TAMPA, Florida 33605		605
	(City)		Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. Jap familiar with and accept the obligations of the position.  Signature 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.

X Change	PT John	Doe	
X Remove	V Mike	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PDT	RYAN T. CLEMENTS	1215 E. COLUMBUS DRIVE
X Add			TAMPA, FL 33605
Remove			
2) X Change	VDS	ROBERT MERONEK	1215 E. COLUMBUS DRIVE
Add			TAMPA, FL 33605
Remove			
3 ) Change	D	BRIAN SCHAEFER	4215 E. COLUMBUS DR
Add			TAMPA, FL 33\$05
X Remove			
4) Change		· 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

audinoida oncess, y i	ditional Articles, enter necessary). (Be speci	ific)		
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	NA			
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<u> </u>				
			,	
an amendment provides	for an exchange, recla	assification, or can	cellation of issued shar	es.
rovisions for implementi (if not applicable, indi	ing the amendment if i icate N/A)	not contained in the	e amendment itself:	
C T T T T T T T T T T T T T T T T T T T	,			
	NA			
	10 / / /			
· · · · · · · · · · · · · · · · · · ·	<i>f</i> -/			

The date of each amendment(s) adoption: AUGUST 28, 2013	, if other than the
date this document was signed.  Effective date if applicable:  AUGUST 28, 2013	
(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 cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
AUGUST 28, 2013	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RYAN T. CLEMENTS	
(Typed or printed name of person signing)	_
PRESIDENT & DIRECTOR	

(Title of person signing)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SPOT PROBER: P0500004581	DUCTIONS, IN	<u>C.</u>	
DOCUMENT NUME	BER:			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	RYAN T. CLEMENTS			
	Name of Contact Person			
	SPOT PRODUCT			
		Firm/ Company		
1215 E. COLUMBUS DRIVE				
		Address		
	TAMPA, FLORID			
		City/ State and Zip Code		
RY	ANTCLEMENTS	@GMAIL.COM		
		ed for future annual report	notification)	
For further informatio	For further information concerning this matter, please call:			
RYAN T. CL	EMENTS	at (813	470-9909 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div	iling Address endment Section ision of Corporations	Ameno Divisio	Address Iment Section on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301