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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLASH FRAME.	INC.		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ILYSE C. KARWOSKI			
		Name of Contact Person		
	FLASH FRAME, INC.			
		Firm/ Company		
	10720 GRANDE BLVD			
	**	Address		
	WEST PALM BEACH, FL 3	13412		
		City/ State and Zip Code	 	
ilyse	pk@comcast.net			
	E-mail address: (to be us	sed for future annual report i	notification)	
For further information	on concerning this matter, pleas	se call:		
ILYSE C. KARWOSKI		at (970-3015 de & Daytime Telephone Number	
Name	of Contact Person	Area Code & Daytime Telephone Num		
Enclosed is a check f	or the following amount made	payable to the Florida Depar	rtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address mendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amendi Division Clifton	Address ment Section n of Corporations Building Recutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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FLASH FRAME INC.		USECHETARY OF STATE		
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)		
P05000163567				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ime of the corporation:			
N/A		The new		
name must be distinguishable and cons"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10720 GRANDE BLVD		
		WEST PALM BEACH, FL 33412		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10720 GRANDE BLVD		
		WEST PALM BEACH, FL 33412		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	ILYSE C. KARWOSKI			
<u></u>	10720 GRANDE BLVD			
	(Florida st	reet address)		
New Registered Office Address:	WEST PALM BEACH	Florida 33412		
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.		
	kan l. Ka	anial Company		
 7	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 = Trustce; 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	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	nes .		
X Add	<u>sv</u>	Sally Sr	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	PD	_	ILYSE C. KARWOSKI		10720 GRANDE BLVD
X Add					WEST PALM BEACH, FL 33412
Remove					
2) X Change	V		ROBERT KARWOSKI		10720 GRANDE BLVD
Add					WEST PALM BEACH, FL 33412
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
4) (1)					
6) Change		_			-
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
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			
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•	MAY 16, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	44.2.17.2010	
Effective date <u>if applicable</u> :	4AY 16, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
MAY 1	6, 2018	
	Lyn I. Lamoili, PAS.	
(By sele	a director, president or other officer – if directors or officers have not been octed, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	ILYSE C. KARWOSKI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	