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NOV 2.1 2017 S. YOUNG 17 NOV 20 AN 4: 30

COVER LETTER

TO: Amendment Section Division of Corporations	
•	TEMPORARY CREATFONS pre
DOCUMENT NUMBER: PO6000	59531
The enclosed Articles of Amendment and fee are	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
S HAW	Name of Contact Person
	Name of Contact Person
CONTEMPO	RARY CREATFONS INC Firm/ Company
127.2	Firm/ Company
	Address
60006 144	Address City/ State and Zip Code
- 50 mg 17.11	City/ State and Zip Code
An ATTEM ONE A P	MALTATTO DE POTAMORBAY DO DOM
E-mail address: (to be	CREATFONS OTAMPABAY, RR. COM used for future annual report notification)
Į.	
For further information concerning this matter, ple	ase call:
SHAWN TATE	at (727) 5/4-0558
SHAWN TATE Name of Contact Person	at (727) 5/4/-0558 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	
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 of

CONTEMPORI	ARY (REATIONS	DWC.
		tly filed with the Florida D	
P06000059	3.571		
		of Corporation (if known)	
D		El II D. C. C.	1 - 4 - 6 11 - 4 2
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	, rioriaa rroju Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:		
	NIA		The new
name must be distinguishable and contain the	ne word "corporation	on," "company," or "inco.	rporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation	"Corp." "Inc." or	"Co". A professional corp	oration name must contain the
word "chartered," "professional association,"	dr the abbreviation	"P.A."	
B. Enter new principal office address, if app	 li ca ble:		
(Principal office address MUST BE A STREE		NIA	
			<u> </u>
			•• •
	[]		
C. Enter new mailing address, if applicable:		1/1/	
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>) ▼ 1		
	} [
	 		<u>v. 72 F</u>
D. If amending the registered agent and/or r	egistered office add	lress in Florida, enter the n	iame of the
new registered agent and/or the new regis			and the title
	NIA	_	# · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	11 10/11		
			_
	(Florida st	reet address)	
New Registered Office Address:	NA		. Florida
New Registered Office Address.		(City)	(Zip Code)
		••	
New Registered Agent's Signature, if changir		t:	
I hereby accept the appointment as registered a	g en. Lam familiar	== with and accept the obligati	ons of the position.
	Π_{α}		
	WIH		
	Şignature of New	Registered Agent, if changin	g .
	11		·

If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/dia	and/or D if necess	pirector being a	idded:	irector being removed and title, name, and
P = President; V = Vice Executive Officer; CFO	Presideni = Chief I	; T= Treasur e Financial Offi c	S= Secretary; D= Director; TR= Tri er. If an officer/director holds more th	ustee; C = Chairman or Clerk; CEO = Chief can one title, list the first letter of each office
	in the fo wes the c	llowing manne orporation, Sa	r. Currently John Doe is listed as the P. ly Smith is named the V and S. These sh	ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example:				
X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>	Address
1) Change	\mathcal{N}_{-}		Santis, Juseph	
Add			,	
Remove		į		
2) Change		-	WIA	
Add				
Remove		l		
3) Change			1 <u>M//+</u>	
Add				
Remove				
4) Change			NIA	
Add				
Remove				
5) Change			NIA	
Add				
Remove				
6) Change		_	NA	<u>.</u>
Add				·

Page 2 of 4

___ Remove

Attach additional sheets, if necessary).	(Respecific)
WIA	
•	
	
· , ,	
	,
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	K .
NIH	
<u>, </u>	
	<u> </u>

The date of each amendment(s) adoption: date this document was signed.	11-16-17	_, if other than the
Effective date <u>if applicable</u> :	11-16-1-7 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s)	•
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	
action was not required.	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder	
Dated 11-16-17		
Signature (By a director, presiselected, by an incoappointed fiduciary	ident or other officer – if directors or officers have not been proporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
	3 HAWN TATE	
(Typed or printed name of person signing)	
	(Title of person signing)	