P06060134023

| (Requestor | r's Name) |
|----------------------------------|------------------------|
| (Address) | |
| (Address) | |
| (City/State/ | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Rusiness) | Entity Name) |
| | |
| (Document | Number) |
| Certified Copies C | certificates of Status |
| Special Instructions to Filing O | officer: |
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Office Use Only



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Ginzo & Associates 6510 Miami Lakes Drive E Miami Lakes, Florida 33014 TEL:786-360-2974

August 24, 2009

Florida Department of State Division of Corporations Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:Studio Center Productions, Inc. Document #:P06000134023

Gentlemen:

Enclosed herewith we are sending our check #1051 in the amount of \$236.25 to cover the filing fees for the following:

| Articles of Amendment to Articles of Incorporation filing fee and certified of | opy\$43.75 |
|--|----------------|
| Statement of Change of Registered Agent | \$35.00 |
| Resignation of Registered Agent | \$87.50 |
| Officer/Director Resignation | \$35.00 |
| Officer/Director Resignation | <u>\$35.00</u> |
| TOTAL | |

Thank you for your prompt attention to this matter. Please return all documents to the undersigned at the above address.

Sincerely

Mark A. Ginzo, Sr., M

COVER LETTER

| TO: Amendment Division of O | | • | |
|--------------------------------|---|---|--|
| NAME OF COR | PORATION: Stud | O CENTER Role | sc fronts, Tac |
| DOCUMENT N | umber: <i>PO 600</i> | 0/34023 | |
| The enclosed Arti | icles of Amendment and fee a | are submitted for filing. | |
| Please return all c | correspondence concerning th | is matter to the following: | |
| | BERTO A/EN | Name of Contact Person | |
| | Studio CENTE | R PROJUCTONS | Tic. |
| | 6157 NW | 16744 SF #F | -4 |
| | HIAMI, FI | 330/5 City/ State and Zip Code | |
| | S-fudioCE J+ERM E-mail address: (to be use | d for future annual report notification) | |
| For further inform | nation concerning this matter, | please call: | |
| BERHO | Alenan | at (305) 828- | 723/ |
| Nam | e of Contact Person | Area Code & Daytime Te | lephone Number |
| Enclosed is a chec | ck for the following amount n | nade payable to the Florida Depar | tment of State: |
| □ \$35 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) |
| Mailing A | | Street Address | |
| Amendme | nt Section | Amendment Section | |

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the Florida Dept. of State) |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| PO 6000/34023 |
| (Document Number of Corporation (if known) |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| A. If amending name, enter the new name of the corpora | The new |
|--|--|
| name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso | "Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | N/A |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | ALLAHASSEE, FLORIDA |
| D. <u>If amending the registered agent and/or registered off</u> new registered agent and/or the new registered office a | |
| Name of New Registered Agent: BER-fa | NW 1674 St-F-4 |
| New Registered Office Address: (FI | NW 1674 Sf-F-4 orida street address) |
| Lfi Ari (Ci | , Florida 330/5 (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | |
| Signature of No | ew 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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|---|------------------------------------|-----------------------|
| <u>D</u> | Steve Cuiffo | 6157 NW 1 | 16745 Add Remove |
| 7 | HECTOR HENDEZ | 6157 NW 19 4NIT F4 4NATH F13 | 57455 ☐ Add Remove |
| <u> </u> | BERTA AlEHAN | 6157 NW 16 WAIT F | 745/14Add 2 |
| | iding or adding additional Articles, enter additional sheets, if necessary). (Be spect | | |
| | | · | |
| | | | |
| | | | |
| <u>provisi</u> | mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A) | | |
| | NA | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: August 20, 2009 |
|--|
| (date of adoption is required) |
| Effective date if applicable: August 20, 2009 |
| Effective date if applicable: A 9554 20, 2559 (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. |
| Dated August 20, 2009 |
| Signature It Il (lle |
| (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) |
| BERTA ALEMAN |
| (Typed or printed name of person signing) |
| DIRECTOR PRESIDENT |
| (Title of person signing) |