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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Ocala Prestige Photography Inc. DOCUMENT NUMBER: PO 7-000047456
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person P. nk Rae Photography Inc Firm Company 6497 Hemlak 2d Address Ocala Fr. 34472 City/ State and Zip Code P. nk Rae Photography Enotmail. com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarah Miler at (352) 477 - 7004 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 Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Artic	to les of Incorporation
	of
Ucala Prestige Photo	Vaply Inc
(Name of Corporation as corrently filed w	ilh the Florida Dept. of State
P070004745U	0 12 OAGLED
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following intendment(s) to
A. If amending name, enter the new name of the corpora	ation:
Pink Rae Photography =	FNC. The new
name must be distinguishable and contain the word "co	prporation," "company," or "incorporated" or the abbreviation ic," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	S) N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:
hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position. $\begin{bmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{bmatrix}$

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 <math>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	PT Jo	ohn Doe			
X Remove	<u>v</u> <u>M</u>	fike Jones			
X Add	<u>SV</u> <u>S</u> a	ally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove			NA		
2) Change Add Remove					
3) Change Add Remove					
4) Change Add Remove			· · · · · · · · · · · · · · · · · · ·		
5) Change Add Remove					
6) Change Add Remove	<u></u>	 			

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	e, reclassifi ent if not c	e, reclassification, o ent if not contained	e, reclassification, or cancelle ent if not contained in the ar	e, reclassification, or cancellation of issent if not contained in the amendment	e, reclassification, or cancellation of issued shartent if not contained in the amendment itself:

and the second s	12/28/2011
The date of each amendment(s) ado	ption:
Effective date if applicable:	(compared to 200 days of the state)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 12 2	105/8
Signature	Sarah Miller
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
_	Sarah Miller
	(Typed or printed name of person signing)
***************************************	(Title of person signing)