## P07000513w

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT.	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>
•	Office Use On	



500266182365

11/10/14--01015--026 \*\*35.00

TA NOVIO NI STILL

Anund Mulithy

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corpor	ations				
	EPICS PI		IP INC		
DOCUMENT NUMBE	<sub>R:</sub> P070000573	360	···		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
·	OSUE DUVE	RNA			
<u></u>	EPICS PROM	Name of Contact Persor O GROUP INC			
2	265 S SR 7	Firm/ Company			
_		Address			
MARGATE, FL 33068					
City/ State and Zip Code					
JDUVERNA@GMAIL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JOSUE DU\	/ERNA	at (954	461-1348		
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	□\$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 Street Addr					
Amen	dment Section	∆mend	Iment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)



## **EPICS PROMO GROUP INC**

(Mailing address MAY BE A POST OFFICE BOX)

DOZOGOGZACO

(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent		
-	(Florida street address)	<del></del>
New Registered Office Address:		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	VASTIE JOSEPH	3220 NW 103RD TER
Add			SUNRISE FL 33351
Remove			
2) Change	VP	JOSUE DUVERNA	1440 CORAL RIDGE DR
Add			#287
Remove			CORAL SPRINGS FL 3307
3) Change	<del></del>		
Add			
Remove			
4) Change	<del> </del>		
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding add Attach additional sheets, if n	iecessary), (Be	specific)	_		
<del></del>					
		<u> </u>			
		·			
<del></del> -					
					•
f an amendment provides provisions for implementin (if not applicable, indic	ng the amendmer	reclassification it if not contain	a, or cancellatio ned in the amen	n of issued share dment itself:	<u>es,</u>
		1. 11. 12. 12.			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(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 11/05/2014	
Signature	
(By a different 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)	
JOSUE DUVERNA	
(Typed or printed name of person signing)	_
P	
(Title of person signing)	