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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MOSQUITO COUNTY PRODUCTIONS, INC.				
DOCUMENT NUMBER: P07000059263				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JOHN GRAHAM Name of Contact Person				
Name of Contact Person				
MOSQUITO COUNTY PRODUCTIONS, INC.				
151 E WASHINGTON ST UNIT 518				
ORLANDO, FL 32801 City/ State and Zip Code				
THAT GOY ON TV & HOT PAIL. CON  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, ple	case call:			
JOHN GRAHAM	at ( 407 ) 403 - 3459 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:			
\$35 Filing Fee Securificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

### Articles of Amendment

Articles of A	mendment
to Articles of Inc	ornaration by A
Articles of the	orporation Fig. 1
MOSQUITO COUNTY DRANGE	TIME INC. THE
MOSQUITO COUNTY PRODUC	v filed with the Florida Dept. of State)
P07000059263	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida 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 "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	151 E WASHINGTON ST #518
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32801
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	151 E WASHINGTON ST, #518 ORLANDO, FL 32801
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent JOHN GRAHA	1
	13N ST # 518 eet address)
New Registered Office Address: OKLINADO	Wheelda 72801
New Regimered Office Mulicipa,	, Florida 32801 (City) (Zup Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v	
Signature of New R	egistered 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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		<del></del>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
Kelhove				
6) Change		_		
Add				
Remove				

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)	. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)					
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	(if not applicable, indicate N/A	)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"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 direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	
Dated 7/27/17 Signature 12 12 12 12 12 12 12 12 12 12 12 12 12	
Dated / C / / /	
Signature	7
(By Adirector, president of other of	meet – if directors of officers have not been
selected, by an incorporator – if in appointed fiduciary by that fiducia	the hands of a receiver, trustee, or other court ry)
-to4)	Kaltan
(Typed or print	ed name of person signing)
PRESIDE	= 1
(Ti	le of person signing)