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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: SHUTTER	BOKK MED	IA, TAIC
DOCUMENT NUMBER	: <u>P0700010</u> :	5960	
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
		Name of Contact Person	
	SHUTTER BOXX	MED/A TWC	
	404 S. OREG	ON AVE Address	yler-derivative services
<u></u>	SAN FORD, FC	3277/ City/ State and Zip Code	;
_Bc		MML. COM ed for future annual report	
For further information con	ncerning this matter, please	e call:	
BRYANT CAR	TER	at (<u>407</u>	733 - 0774 de & Daytime Telephone Number
/ Name of Co	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment 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	Address

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

FILED

	Articles of Incorporation	ا ۱ برین	AM 9: 16
	. of	2012 MAY 11	PH T
Polydigital De	signs, Inc.	SECRETARY TALLAHASS	OF STATE
	filed with the Florida Dept. of State)	TALLAHASS	ELI.
P07000105960	of Corporation (if known)	081 1300 m 150	ਜ਼- •
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation	adopts the following a	ımendment(s) to
A. If amending name, enter the new name of the	corporation:		
SHUTTERBOXX MEDIA, To name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corpo	Toporated" or the abb ration name must co	he new reviation ntain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	SANFORD, FL. BOX SHUTTERBOXX A PO BOX 9504 LAKE MARY, F	1EDIA, INC.	
D. If amending the registered agent and/or registered agent and/or the new registered	ed office address:		
Name of New Registered AgentN	A (Florida street address)	-	
New Registerea Office Address. 1974	(City), Florid	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent:		

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.

Example: X Change	<u>PT</u>	John Doe		
-				
X Remove	<u>V</u>	Mike Jones	•	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add Remove		N/A		
2) Change Add Remove		N/A		
Change Add Remove		N/A		
4) Change Add Remove		N/A		
5) Change Add Remove		N/A		
6) Change Add Remove	_	N/A		

mending or adding addition ach addition ach additional sheets, if nece	ssary). (Be specific)	nge(s) here:			
	N/A		/		
	/_				
n amendment provides for ovisions for implementing (an exchange, reclassif	ication, or cancella	tion of issued shar	es,	
visions for implementing t (if not applicable, indicate	N/A)	contained in the am	enament usen:		
	N/A				
		•			
,······					

The date of each amendment(s) adoption: $6-8-12$
Effective date if applicable: $5-8-20/2$ (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 5-8-2012 Signature Bayout Carte
(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)
BRVANT CARTER (Typed or printed name of person signing)
CEO (Title of person signing)
(Title of person signing)