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| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | WAIT               | MAIL        |
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| (5)                     |                    |             |
| (DC                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF STATE

MAY 1 6 2012 T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| ,   |  |  |  |
|---|--|--|--|
| NAME OF CORPORATION: about & Beyond Framing, elac.  |  |  |  |
| DOCUMENT NUMBER: PØ7ØØØ 13Ø 14Ø   |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |
| NICOLE Shelley Name of Contact Person   |  |  |  |
| About & Beyond Framing Inc.   |  |  |  |
| 1941 DEDGERON CIRCLE Address  |  |  |  |
| OCOFE, FL. 34761 City/ State and Zip Code   |  |  |  |
| E-mail address: (to be used/for future annual (report notification)   |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| Name of Contact Person  at (321) 297 - 938 8  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  (Additional copy is enclosed)  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**

|  | to  | 50  |
|--|---|---|
|  | Articles of Incorporation of                  | 12 HAV.   |
| Calania & Rayand   | Essaina vono                                  | SECRETARY PH 3:01   |
| (Name of Corporation as currently f  | iled with the Florida Dobt. of State)         | TALLAHARY   |
| DOTO A MISO  | S ILL CX                                      | TALLAHASSEE FLORIDA   |
| (Document Number of  | Corporation (if known)                        |   |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:  | a Statutes, this Florida Profit Corporation a | dopts the following amendment(s) to                             |
| A. If amending name, enter the new name of the co  | orporation:                                   | • ,   |
| name must be distinguishable and contain the woi<br>"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | o," "Inc," or "Co". A professional corpor     | The new orated" or the abbreviation ation name must contain the |
| B. <u>Enter new principal office address, if applicable</u><br>Principal office address <u>MUST BE A STREET ADI</u>  | DRESS)  |   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>   | <u>N</u>                                      | <del></del>   |
| D. If amending the registered agent and/or registe   |   | ne of the   |
| new registered agent and/or the new registered   | office address:                               |   |
| Name of New Registered Agent   | (Florida street address)                      | -   |
| New Registered Office Address:   | , Florida                                     |   |
| New Registered Agent's Signature, if changing Reg  | (City) <u>sistered Agent:</u>                 | (Zip Code)  |
| l hereby accept the appointment as registered agent.   | I am familiar with and accept the obligation  | s of the position.  |
|  | N / A   |   |
| Signature of N   | 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)

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> <u>1</u>  | Mike Jones   |     |         |
| X Add                         | <u>sv</u> <u>s</u> | Sally Smith  |     |         |
| Type of Action<br>(Check One) | <u>Title</u>       | <u>Name</u>  |     | Address |
| 1) Change Add Remove          |                    |              |     |         |
| 2) Change Add Remove          |                    |              |     |         |
| 3)ChangeAddRemove             |                    |              | AMA |         |
| 4) Change<br>Add<br>Remove    |                    | <del> </del> |     |         |
| 5) Change<br>Add<br>Remove    |                    | <del></del>  |     |         |
| 6) Change Add Remove          |                    | <del> </del> |     |         |

| ttach additional sheets, if necessary).                                | ticles, enter change(s) here: (Be specific)                |
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| n amendment provides for an exch                                       | nange, reclassification, or cancellation of issued shares, |
| ovisions for implementing the ame<br>(if not applicable, indicate N/A) | ndment if not contained in the amendment itself:           |
| (y nor approach, marcan mar)   |  |
|  |  |
|  | <u> </u>   |
|  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                      |
|  |  |
|  | NA   |
|  | NA   |

| The date of each amendment(s) ac                              | Joption: 5/8/2012  |
|---|--|
| Effective date <u>if applicable</u> :                         | •  |
|   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                                      | ( <u>CHECK ONE</u> )   |
| The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.  |
|   | proved by the shareholders through voting groups. The following statement 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 Shorcha  | (voting group)   |
| ,   | (voting group)   |
| ☐ The amendment(s) was/were ado action was not required.      | pted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were ado action was not required.        | pted by the incorporators without shareholder action and shareholder   |
| Dated   | 5/8/2012   |
| Signature ,   | icola Shallon  |
|   | rector, president or other officer - if directors or officers have not been  |
|   | I, by an incorporator - if in the hands of a receiver, trustee, or other court   |
| appoint .   | ed fiduciary by that fiduciary)  |
|   | (Typed or printed name of person signing)  |
|   | (1) per or printed matte or person alguing)  |
|   | PRESIDENT  |
|   | (Title of person signing)  |