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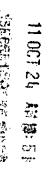
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: APalachee Productions INC. DOCUMENT NUMBER: POROGOO39391 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeff PRice
Name of Contact Person Apalachee Productions, INC 12635 Cynthia LN
Address CLEYMUNT, FL 34715

City/State and Zin Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teff PRice at (407) 234-2639

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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

A Palachee (Name of Corporation as cur	Productions	TNC		
Poso	OOO 3939 / umber of Corporation (if know			
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		orida Profit Corporation a	dopts the followin	ıg
A. If amending name, enter the new name	of the corporation:			
PRICE FAMI name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	he designation "Corp," "Inc,	" or "Co". A professional	The new ated" or the l corporation	
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>				
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	FICE BOX)	Florida, enter the name of		
new registered agent and/or the new reg	gistered office address:		0CT 24	
Name of New Registered Agent:	NIA			
New Registered Office Address:	(Florida street ac	ddress)	5	
	(City)	(Zip Code)		
New Registered Agent's Signature, if chang hereby accept the appointment as registered			he position.	

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)

Title <u>Address</u> **Type of Action** Name NIA ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NA F. 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) NIA

The date of each amendment(s) a	doption:
	(data of adoption is naminal)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were ap must be separately provided for	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 t	for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voti	ing group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adeaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated / o / o	19/2011 1/1 R
(By a dir selected,	rector, 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)
	Teffrey T. PRice (Typed or printed name of person signing)
	PResident / OWNER (Title of person signing)