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Special Instructions to	Filing Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Digital	tal Ocala Inc.	
DOCUMENT NUMBER: PO 800	00 436 89	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Samuel (Name of	Hunt Contact Person)	
Digital C	Cala Inc.	
1813 N.E. 49H	Address)	· ·
Ocala, Fl 3 (City/State	44 79 te and Zip Code)	
For further information concerning this matter, p	lease call:	
Samuel Hunt (Name of Contact Person)	at (352) 299~ (Area Code & Daytime Tel	400 i
Enclosed is a check for the following amount ma	de payable to the Florida Departi	ment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Digital Ocala Inc	
(Name of Corporation as currently filed with t	he Florida Dept. of State) 💝 🔊
P08000043689	
(Document Number of Corporati	on (if known)
Description of the control of the co	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	ies, this <i>Florida Profit Corporation</i> adopts the
A. If amending name, enter the new name of the corporation	<u>1:</u>
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	1813 NE 494 St
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ocala, Fl 34479
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 5369 Ocala, F1 34478
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Samue	Hunt
——————————————————————————————————————	년 식약법 5부 da street address)
	Ocala Florida 34479 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am position.	
Signature of New	Registered Agent if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
DIR	Jonathan Silva	116 SE 612 Court Ocals, Fl 34472	Add Remove
<u>P</u>	Jonathan Silva	116 SE 615+ Court Ocala, FI 34472	Add Remove
<u>trea</u>	Jonathan Silva	116 SE 613+ Court Ocala, Fl 34472	
	ding or adding additional Articles, ended the distribution of the	nter change(s) here: pecific)	
provisi	mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)		

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Samuel Hunt	1813 NE49#5+ Oxula, El 34479	Add Remove
TREA	Samuel Hunt	1813 NE 49 5 5 + Ocala, FI 34479	Add Remove
			Add Remove
(attach a	dditional sheets, if necessary). (Be s	pecific)	
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)		
	or apprication, marcane 1971)		
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Th	e date of each amendment() adoption:	
	fective date <u>if applicable</u> :	/d/10/0 g (no more than 90 days after amendment file date)	
		no more than 90 days after amendment file date)	
Ad	loption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.)
	The amendment(s) was/wer must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
	"The number of votes of	st for the amendment(s) was/were sufficient for approval	
	by	voting group)	
1	,	voting group)	
q	The amendment(s) was/were action was not required.	woting group) adopted by the board of directors without shareholder action and shareholder	•
口	The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	Dated	10/10/08	
	Signature	Samuel Hud	
	(By to select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
		(Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		(Title of person signing)	
		(Title of person signing)	