## P08000097822

(Re	questor's Name)	
(Ad	ldress)	·
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	ty/State/Zip/Phone	. 40
(CII	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	· MAIL
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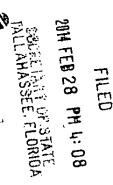
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none Charge & arrend



DR 3/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ROOftop E	ntertainme	nt, Inc.	
DOCUMENT NUMBER: P080000978	322		
The enclosed Articles of Amendment and fee are so			
Please return all correspondence concerning this ma	atter to the following:		
DJ Pearce			
	Name of Contact	Person	
Find A Way Ca	·		
	Firm/ Compa	iny	
P.O. Box 47036	67		
<u>-</u>	Address		
Celebration, FL	. 34747		
	City/ State and Zi	p Code	-
dj@findawaycapita	al.com		
E-mail address: (to be u		report notification	n)
For further information concerning this matter, plea	se call:		
DJ Pearce	at (40)	<del>7</del> 374	-2540
Name of Contact Person	ur (	rea Code & Dayti	me Telephone Number
Enclosed is a check for the following amount made	payable to the Florid	a Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certifi r is Certifi (Addit	O Filing Fee cate of Status led Copy tional Copy llosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendment Section of Corportifion Building 2661 Executive Challahassee, FL 3	enter Circle

## **Articles of Amendment** to **Articles of Incorporation**

FILED

Rooftop Entertainment, Inc.

2014 FEB 28 PM 4: 08

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000097822

(Document Number of Corporation (if known)

nt to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

CV Family Corporation	of the second of	
me must be distinguishable and contain the word "corpo orp.," "Inc.," or Co.," or the designation "Corp," "Inc," rd "chartered," "professional association," or the abbrevial	or "Co". A professional corporation name must	
Enter new principal office address, if applicable:	720 Celebration Avenue, Suite 15	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	Celebration, FL 34747	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 470367	
	Celebration Fl 3474	
If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
	address in Florida, enter the name of the	
Name of New Registered Agent	address in Florida, enter the name of the	
Name of New Registered Agent  (Flori	address in Florida, enter the name of the dress:	
Name of New Registered Agent  (Florida New Registered Office Address:	address in Florida, enter the name of the dress:  da street address)  , Florida (Zip Code)	

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.

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)	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			
6) Change		_	
Add		_	
Remove			

	or adding additional Arti	(Be specific)	AST HOLE.		
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lf an ameno	lment provides for an exch	iange, reclassifica	tion, or cancella	tion of issued sha	res,
provisions	for implementing the ame	ndment if not cor	tained in the am	endment itself:	
(if not	applicable, indicate N/A)				

The date of each amendment date this document was signed	t(s) adoption: 1/1/2014	, if other than th
Effective date if applicable:	1/1/2014	
Enective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
Dated 2/25	5/2014	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	Christopher Vitito	
	(Typed or printed name of person signing)	<del></del> -
	President/CEO	<del></del>
	(Title of person signing)	