

P09000023814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

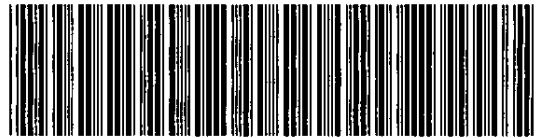
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FILED
09 MAY - 1 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N.C.
C.COULLETTE

MAY 07 2009

EXAMINER

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: DPS Distribution Company

DOCUMENT NUMBER: P09000023814

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla Dennard
(Name of Contact Person)

DPS Distribution Company
(Firm/ Company)

P O Box 4636
(Address)

Orlando, FL 32818
(City/ State and Zip Code)

For further information concerning this matter, please call:

Carla Dennard at (352) 362-3726
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

DPS Distribution Company

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

PO9000023814

(Document Number of Corporation (if known))

FILED
09 MAY - 1 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

L Bo Entertainment, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1469 N. Magnolia Ave.
Ocala, FL 34475

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 4636
Ocala, FL 34478

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Carla Pennard

New Registered Office Address:

1469 N Magnolia Ave. Suite F
(Florida street address)

Ocala

(City)

Florida 34475
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Carla Pennard

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Monica Bess	1016 NW 14 th Ave, Ocala, FL 34475	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
President	Kimberly Jones	5341 Madison St. South St. Petersburg FL 33711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO/treasurer	Carla Dennard	2631 NE 10 th St Apt. 208 Ocala, FL 34470	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

Removing Monica Bess from president to inactive

Adding Kim Jones as president

Adding Carla Dennard as company's CFO/
Treasurer, registered agent

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)

N/A

The date of each amendment(s) adoption: 4/17/09

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved 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.

Signature Monica Bess
(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)

Monica Bess
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35