P0900003966

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



900240003839

10/01/12--01038--011 **52.50



Amund CC

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MARS DOMATN CORP.				
DOCUMENT NUMBER: <u>P09000039616</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Allison Basker				
Name of Contact Person HARS DOMAIN CORP Firm/ Company				
239 W. University Ave				
Gainesville, FL 32601 City/ State and Zip Code				
Mars Dubandar Cade mail. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Allison Basker at (202) 290-4129 Name of Contact Person Area Code & Daytime Telephone Number				
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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Division of Corporations Amendment Section Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



to

Articles of Incorporation $\mathcal{C}_{\mathcal{OCT}}$
MARS Domain CORD
(Name of Corporation as currently filed with the Florida Dept. of State)
P09000039616
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
· ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 AlliSON BASKER
239 W. Drive PSI-tu Ave
(Florida street address)
New Registered Office Address: (City), Florida 3240 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I ambimiliar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Signature of Joseph Registered rigerit, y 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.

X Change	PT John	Doe .	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	P	Gabriel Pena	622 NE 2nd St. Unit B Gamesville, FL 32601
2) Change Add		Melissa Del Valle	622 NE 2nd St. Unit B
Remove 3) Change Add	P	Allison Basker	Gouresville, FL3260 3314 NW215+St. Gouresville, FL3260
Remove 4) Change Add Remove	<u>\</u>	Shawn Dalton	
5) Change	<u>S</u>	David Michael	
Remove 6) Change Add Remove			

·	
·	
	
an amendment provides for an exchange, reclassification, or cancellation of issued shorovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	nares,
00% of shares are to be transfelled	1+
new officers in the tollowing manne	e°
33/3% Allison PAKKER	4-1-
33/3% Shawn Datton	
33/3% David Michael	<u> </u>
73/3/2 JUNIU 1 11U 104 1	

The date of each amendment(s) adoption: September 28,2012
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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)
(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 (By a defector, president or other officers 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)
Allison Basker Gabriel Pena
(Typed or printed name of person signing)
Typed or printed name of person signing) SUCCISEDR PUSIDENT FORMER Pusident
(Title of person signing)
·