P09000046895

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TCON LIMITED DOCUMENT NUMBER: <u>P0900046895</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ICON LIMITED INC FT LAUDERDALE, FLORIDA City/State and Zip Code For further information concerning this matter, please call: GREGER at (954) 467-0654

Contact Person Area Code & Daytime Telephone Number BEth Name of Contact Person 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ED INC	09	UL 22 PH 2: 13
(Name of Corporation as curren		Dept. of State)	OL 22 PM 2: 10
P0900004	6895		2.73
(Document Numb	per of Corporation (if know	vn)	
suant to the provisions of section 607.1006, endment(s) to its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation	adopts the followi
If amending name, enter the new name of	the corporation:		•
ICON GLOBAL	ARTISTS 1	DVC.	The new
ne must be distinguishable and contain the previation "Corp.," "Inc.," or Co.," or the a ne must contain the word "chartered," "profe	designation "Corp," "Inc,	," or "Co". A professio	orated" or the nal corporation
Enter new principal office address, if appli			
incipal office address <u>MUST BE A STREET</u>	<u>"ADDRESS"</u>)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)		
•		· · · · · · · · · · · · · · · · · · ·	
			 _
If amending the registered agent and/or re		n Florida, enter the nam	e of the
new registered agent and/or the new regist	tered office address:		
Name of New Registered Agent:			
			•
New Registered Office Address:	(Florida street a	address)	
		Planida	
-	(City)	(Zip Code)	

Signature of New Registered Agent, if changing

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

The date of each amendment(s) adoption: JULY 9, 2009
(date of adoption is required)
The date of each amendment(s) adoption: July 9, 2009
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)
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. Dated July 10-09
Signature Beth Cross (By a director, president of 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)
Typed or printed name of person signing) Pres.
(Title of person signing)