P0900073323

(Re	equestor's Name)	· · ·
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DR 3/14/12

COVER LETTER

TO: Amendment Section Division of Corporations

	_{ATION:} eLayaway		<u> </u>
DOCUMENT NUMB	P090000733	23	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Bruce Harmon		
		Name of Contact Persor	1
	eLayaway.com,	Inc.	
		Firm/ Company	
	1650 Summit La	ake Drive, Suite	e 103
		Address	
	Tallahassee, FL	. 32317	
		City/ State and Zip Code	
bru	ce.harmon@ela	vawav.com	
		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Bruce Harm	on	at (850	, 219-8210 ext 8223
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Independent Section It is in a continuous of Corporations It is in a continuous of the con	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

eLayawayComerce, Inc.	2012 MAR -9 PM 4: 15
(Name of Corporation as currently filed with	i the Florida Dept. of State)
P09000073323	i the Florida Dept. of State) SECRETARY OF GTATE SECRETARY OR ID:
(Document Number of Corpora	ition (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
eLayaway.com, Inc.	The new
	poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the attention "P.A."
B. Enter new principal office address, if applicable:	1650 Summit Lake Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 103
	Tallahassee, FL 32317
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1650 Summit Lake Drive
	Suite 103
	Tallahassee, FL 32317
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent Sergio Pinc	on
1650 Summi	t Lake Drive, Suite 103
·	rida street address)
New Registered Office Address: Tallahasse	e , Florida 32317
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Albert I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Signature of New Regist	tered 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)

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.

Example: X Change	<u>PT</u> <u>Jöh</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sail</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) Change Add	СМО	Pinon, Sergio	1625 Summit Lake Drive Suite 205
× Remove			Tallahassee, FL 32317
2) Change Add	CHMN	Salie, Douglas	1625 Summit Lake Drive Suite 205
× Remove			Tallahassee, FL 32317
3) Change Add	CEOD	Pinon, Sergio	1650 Summit Lake Drive Suite 103
Remove			Tallahassee, FL 32317
4) <u>×</u> Change Add	CFOD	Harmon, Bruce	1650 Summit Lake Drive Suite 103
Remove			Tallahassee, FL 32317
5) Change Add	CEO	Salie, Douglas	1625 Summit Lake Drive Suite 205
× Remove			Tallahassee, FL 32317
6) Change			
Add Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contain	or cancellation ed in the amend	of issued shares ment itself:	<u>i.</u>
· · · · · · · · · · · · · · · · · · ·				
				
		,		

The date of each amendment(s) adoption: 3-7-12		
Effective date <u>if applicable</u> : 3	-7-12	
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
_{Dated} 3-7-1	2	
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)	
	Sergio Pinon	
	(Typed or printed name of person signing)	
	CEO/D	
•	(Title of person signing)	