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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)
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Amend Ta 2/14/10

COVER LETTER

TO: Amendment Section 'Division of Corporations

NAME OF CORP	ORATION:	F2FMKTG, Inc.	
DOCUMENT NU	MBER:	P09000082521	
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
_		MARIO RILEY	
	r	Name of Contact Person	
	LOCAL	_ DISCOUNT HUNTER	
-		Firm/ Company	
	5500 1	Military Trail Ste 22-195	
-		Address	
		Jupiter, FL 33458	
_	C	City/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
	Mario Riley	at (561)3	07-7499
Name o	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment 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)
Mailing Ad Amendment		Street Address Amendment Section	

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

F2F	MKTG, INC.	
(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)
P0	9000082521	
(Document Nu	umber of Corporation (if kn	lown)
rsuant to the provisions of section 607.10 nendment(s) to its Articles of Incorporation:	06, Florida Statutes, this i	Florida Profit Corporation adopts the f
If amending name, enter the new name	of the corporation:	
		The ne
breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pr Enter new principal office address, if apprincipal office address MUST BE A STREATED TO STREATE A STREATED TO S	ofessional association," or plicable: ET ADDRESS	r the abbreviation "P.A."
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or	registered office address	in Florida, enter the name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changi ereby accept the appointment as registered to	ing Registered Agent:	(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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DS	FROHLING, ROBYN L	152 EUPHRATES CIRCLE PALM BEACH GARDENS FL 33410	
			_
			_
	ing or adding additional Articles, en ditional sheets, if necessary). (Be sp		
provision	endment provides for an exchange, so the same of the s		

(no more than 90 days after amendment file date) 2/1/28/0

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 02 01 2010
Signature
(By addirector, 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)
Mario Riley
(Typed or printed name of person signing)
D. 4
(Title of person signing)