P09000085887

(Re	equestor's Name)	
· (Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e#1)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	· -
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Certified Copies	_ Certificates	S Or Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE FI OBIN

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION:	TV Goods Holding Corpo	ration
DOCUMENT NUM	1BER:	P09000085887	,
The enclosed Article	es of Amendment and fee	are submitted for filing.	
Please return all corr	respondence concerning t	his matter to the following:	
_		Adrian Swaim	
		Name of Contact Person	
	TV Go	pods Holding Corporation	
		Firm/ Company	
	401 E. LA	S OLAS BLVD., SUITE 1650	
		Address	
_		AUDERDALE FL 33301 City/ State and Zip Code	
		•	
	E-mail address: (to be us	aim@inventorsbc.com sed for future annual report notification)	
For further informati	on concerning this matte	r, please call:	
	drian Swaim		288-2739
Name of	Contact Person	Area Code & Daytime To	elephone Number
Enclosed is a check t	for the following amount	made payable 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TV Goods Holding Co	rporation <u> </u>
(Name of Corporation as currently filed wit	h the Florida Dept. of State)
P0900008588	ration (if known)
(Document Number of Corpor	
Pursuant to the provisions of section 607.1006, Florida Statemendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporate	tutes, this Florida Profit Corporation adopts the following tion:
name must be distinguishable and contain the word "coabbreviation "Corp.," "Inc.," or Co.," or the designation "name must contain the word "chartered," "professional associated."	"Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	14044 Icot Bluck.
Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14044 Icot Blva.
	Clearwater, FL 33760
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office a	
Name of New Registered Agent: Michael	Cimino
	orida street address)
<u>Clearwat</u> (Cit	
New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am fair	
Signature of Ne	w 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>	Type of Action
Director	Alan Jacobs	401 East Las Olas Blvd. Suite 1650 Fort Lauderdale, FL 33301	_ □ Add _ □ Remove
Director	Tim Harrington	401 East Las Olas Blvd Suite 1650 Fort Lauderdale, FL 33301	_ □ Add _ ☑ Remove
Officer	Alan Jacobs	401 East Las Olas Blvd. Suite 1650 Fort Lauderdale, FL 33301	_
	ing or adding additional Articled ditional sheets, if necessary).	es, enter change(s) here: Be specific)	
See addition	onal sheets attached for ad	ditional removals and additions	
		·	
provisio		inge, reclassification, or cancellation of is Iment if not contained in the amendment	
N/A			

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>	Type of Action
Officer	Michael Jacobs	401 East Las Olas Blvd. Suite 1650 Fort Lauderdal, FL 33301	□ Add ☑ Remove
<u>Officer</u>	Brian Pearlman	401 East Las Olas Blvd. Suite 1650 Fort Lauderdale, FL 33301	_ □ Add □ □ Remove
Director	Steven Rogai	14044 Icot Blvd. Clearwater, FL 33760	_ ☑ Add _ ☐ Remove
	ing or adding additional Article ditional sheets, if necessary). (
provisio		nge, reclassification, or cancellation of i ment if not contained in the amendmen	

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
Director	Michael Cimino	14044 Icot Blvd. Clearwater, FL 33760	☑ Add □ Remove
President	Steven Rogai	14044 Icot Blvd. Clearwater, FL 33760	☑ Add □ Remove
Treasurer	Adrian Swaim	14044 Icot Blvd. Clearwater, FL 33760	
(attach add	itional sheets, if necessary).	(Be specific)	
provision		nange, reclassification, or cancellation of adment if not contained in the amendme	

The date of each amendmen	t(s) adoption: 03	3/15/2010
Effective date <u>if applicable</u> :	03/15/2010	(date of adoption is required)
	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		
	(voting group)	
✓ The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated 03/1	5/2010	
Signature		
(B _y	a director, presid	dent or other officer - if directors or officers have not been
	ected, by an incorpointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Kevin Harrington
		ped or printed name of person signing)
	(Ty	pod or printed maine or person signing)
		Director
	(Title o	f person signing)