## 0090000101387

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04/30/14--01016--015 \*\*35.00

C. LEWIS MAY 12 2014 EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Click	my Video	,Inc.	
DOCUMENT NUMBE	R:	0101387		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	•	Name of Contact Person	•	
	CIICK	My Video	1-Inc.	
111-B Dunbar Ave				
Oldsmar, FL 34677  City/ State and Zip Code				
E-mail address: (tobe tised for future annual report notification)				
For further information c	oncerning this matter, pleas	se call:		
	Oreston Contact Person	at ( 727	264-1801 de & Davtime Telephone Number	
rvanic of	Contact Ferson	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
<u>Mailin</u>	g 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

and the state of t

APPROVES

## Articles of Amendment

•	to 14 APR 30 PM 2: 32
Article	es of Incorporation of SEUNE MARY OF E WILL
Minu a	TALLAHASSEE FLORIDA
C/ICK //	ith the Florida Dept. of State)
(Name of Corporation as currently filed wi	th the Proriga Dept. of State)
<u> </u>	(10/38·1
(Document Number of Corpo	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ution:
	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	111-B Dunbar Ave
(Principal office address MUST BE A STREET ADDRESS	
	Oldsmar, FL 34677
C. Enter new mailing address, if applicable:	111 A T
(Mailing address MAY BE A POST OFFICE BOX)	111-B Dunbar Ave
	Oldsmar, FL 34677
	:
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent and/or the new registered office	address.
Name of New Registered Agent	
<u> 111-B</u>	Dunbar Ave
(F	Florida street address)
New Registered Office Address: <b>O/O</b> SM	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of the position.
Signature of New Reg	gistered 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 <math>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> John l	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	PTSD	Gregory J Hoerner	111-B Dunbar Ave oldsmar, FL 34679
2) Change Add Remove	PD	Steven G Hill	1745 Grand Blud Holiday, FL 34690
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be sp		NJA	
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		<del></del>	
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			<u>-</u>
			<del>.</del>
If an amendment provides for an exchange, reprovisions for implementing the amendment	eclassification, or	cancellation of issued shares,	01/0
(if not applicable, indicate N/A)	THO CONTINUED I	a the amendment testi.	NA
· · · · · · · · · · · · · · · · · · ·	·	•	
	<del>_</del>		



The date of each amendment(s) adoption:	04-01-2	014	14 APR 30	PH 2: 32 if other than the
date this document was signed.			SECRETARY TALLAHASSE	och Sail
Effective date if applicable:	(no more than 90 days aj	ter amendment file date)		•
Adoption of Amendment(s) (CHE	ECK ONE)			
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number oproval.	of votes cast for the amer	ndment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting g	shareholders through voti group entitled to vote sepa	ng groups. <i>The following</i> rately on the amendment	statement (s):	
"The number of votes east for the ameno	fment(s) was/were sufficie	nt for approval		
by		."		
(voti)	ng group)	<u> </u>		
The amendment(s) was/were adopted by the b action was not required.	oard of directors without	hareholder action and sha	areholder	
The amendment(s) was/were adopted by the in action was not required.	ncorporators without share	holder action and shareho	older	
Dated 4-23-	2014			
Signature	1/2			
	Int or other officer — if di porator — if in the hands o by that fiduciary)			
<u> </u>	regory J f	toerner me of person signing)	<del></del>	
7	TSD			
	(Title of per	on signing)		-