# P10000050584

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SECRETARY OF STATES OF CORFORATIONS

V HERRING MAY 1 6 2017.

#### **COVER LETTER**

Division of Corporations NOISTWORKS MEDIA NAME OF CORPORATION: \_ DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

#### Mailing Address

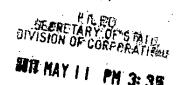
TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



NOISEWORKS MEDIA, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

### P10000050584

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the wo "Corp.," "Inc" or Co" or the designation "Corp word "chartered." "professional association," or the	p," "Inc," or "Co". A professi	
B. Enter new principal office address, if applicable of Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	
D. If amending the registered agent and/or registered new registered agent and/or the new registered  Name of New Registered Agent	ered office address in Florida, e d office address:	nter the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		he obligations of the position.

## 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u> ρ	Manuel D Lara	814 Ponce De Leon Blue
Add			JUITE 204 COTAL GABIES, FL 33131
2) Change			
Add			-
Remove			
3) Change		_	
Add			<del></del>
Remove			
4) Change			
Add			
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5) Change			
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6) Change			<del></del>
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<u>rovisions for i</u>	t provides for an exc mplementing the ame cable, indicate N/A)	hange, reclassific endment if not co	ation, or cancell intained in the a	ation of issued si mendment itself:	nares.	
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