## P1000051222

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: MUSIC Time Inc.				
DOCUMENT NUMBER: P100005   222				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Shellie Greene				
Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person				
Firm/ Company				
J-214 Dunn the				
Address Sackinille FL-3248				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Shellie Greene at (904), 233-4121				
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:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building				
Tallahassee Fl 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

## A ILLEG SECRETARY OF SECTO DIVISION OF CORPORATE

## Articles of Amendment

Articles of Incorporation

2016 DEC 28 FM 4: 03

	Articles of Incorporation	5010 DFC CO 111 4. 02
1///	of the second	<b></b>
1 1 0 0	WIC HAVE	Inc.
( <u>Name of Corpor</u>	ation as currently filed with the Flo	
	4100000	5/222
(Doc	cument Number of Corporation (if kno	own)
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	rida Statutes, this Florida Profit Corp	poration adopts the following amendment(s
. If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co". A profession	
Enter new principal office address, if applica	ble:	
Principal office address <u>MUST BE A STREET A</u>		-
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	POV	
(maining audiess MAT BE A LOST OFFICE I	<u> </u>	
	<del></del>	
. If amending the registered agent and/or regis		er the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent		
<del></del>	(Florida street address)	
	(	
New Registered Office Address:	(Cim)	, Florida
	(City)	(Zip Code)
ow Dogistoved Agent's Signature if shousing E	Dogistanod Agent.	
ew Registered Agent's Signature, if changing F hereby accept the appointment as registered agen		obligations of the position.
and a second sec		G
Si	ignature of New Registered Agent, if o	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	PT John I	<u>Doe</u>	
X Remove	V Mike .	<u>Iones</u>	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	DD	Shellie Miller	2214 Jun Ave
Add	•		Jax F1.32218
Kemove			
2) Change	UPS	Bryan Greene	2214 Dunn Ave
Add			JULY H'BECIS
Remove 3) Change	O	Bryan Greene	2214 Dunn Ave
Add	1	U	Jap FL 32218
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	<del></del>
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of including the same of the same o
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The date of each amendment(s) adoption:	9/20/11.	HOLEL SCHOLLARY OF CORPORATION THE
date this document was signed.	1100119	
Effective date if applicable:	9/20/16	2016 DEC 28 PM 4: 03
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does document's effective date on the Department of		g requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		ast for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin		
"The number of votes cast for the ame	endment(s) was/were sufficient for appr	roval
by	·	"
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholde	r action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder act:	ion and shareholder
Dated9/23//4		
Signature	John	_
(By a director, pre	sident or other officer - if directors or	
	corporator – if in the hands of a receive ry by that fiduciary)	r, trustee, or other court
	Bryan Gree	ino
	(Typed or printed name of person sign	ung)
<u></u>	PO	
	(Title of person signing)	