# P10000051326

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

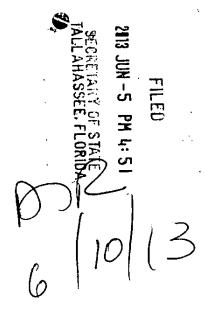




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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	of Chb Maguzine In
DOCUMENT NUMBER: P10000	5/316
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
· · · · · · · · · · · · · · · · · · ·	Eva H. Cunie
	Name of Contact Person
<del></del>	Firm/ Company
	12959 HUT CLIP LOW  Address HUNT  Tacks Muille, FT. 32227  City/ State and Zip Code
	Jacksonville Fl. 32227
	City/ State and Zip Code
E-mail address: (to be u	hCanic C. Concast-Net sed for future annual report notification)
For further information concerning this matter, plea	se call:
Eva H. Pannie	at ( 904 ) 223 · 0204
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	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment** to

Articles of Incorporation of

FILED 2813 JUN -5 PM 4: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

P100000	151326		SA.	
	of Corporation (if I	(nown)		•
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this FI	orida Profit Corporation	adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the comments of the control o	orp," "Inc," or "Co	o". A professional corp		
B. Enter new principal office address, if applica	ıble:			_
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)			
				•
			<u> </u>	-
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			-
				_
				-
D. If amending the registered agent and/or regi		ss in Florida, enter the n	a me of the	
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent		·	<del></del>	•
	(Florida stree	t address)		
New Registered Office Address:		, Flori	da	
3	(City)	,	(Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: 21 - Lom familiar wi	th and accept the obligat	ions of the position	
to, accept the appointment as registered ager	··· · · · · · · · · · · · · · · · · ·	accept the sough	ioni sy me poumoni	
Signature	f New Registered Ag	ent 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 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 D	, Joe	
X Remove	V <sub>.</sub> <u>Mike J</u>	ones	
<u>X</u> Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VA	Sarah T Bulton	1532 SAND Doller Circle
Add			NepTine Beach, FT. 32266
2) Change Add	Tea surer	Patricia WiDup	P.O. Box 523 Ponte Vedra Beach F1.
Remove			32004
3) Change			
Add Remove			
4) Change			•
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
	•
durant manuides for an evol	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: June 1, 2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
Dated	- (1. Cani
Signature	- H. Carni
(By a	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
арроп	
	(Typed or printed name of person signing)
	(Typed of printed name of person signing)
	(Title of person signing)
	(Title of person signing)