P1000053128

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section RECEIVE **Division of Corporations** 2010 AUG 27 AM \$: 00 Reid Inc NAME OF CORPORATION: SECRETARY OF STATE TALLAHASSEE, FLORIDA P10000053128 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leonard Reid Name of Contact Person **Prepaid Connect** Firm/ Company 3596 Tamiami Trl Unit 208 Address Port Charlotte FI 33952 City/ State and Zip Code Prepaidconnection@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (___941___) _____743-2355 Area Code & Daytime Telephone Number Leonard Reid Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **₹35** Filing Fee **■ \$43.75** Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy

Mailing Address

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation of		ZS 3
	Reid Inc		CRE
(Name of Corporation as curr	rently filed with the Florida Dep	ot. of State)	SE
,P10	0000053128		A C
(Document Nu	mber of Corporation (if known)		15.23
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:		Profit Corporation ado	pts the one
A. If amending name, enter the new name of	of the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "problem in the	e designation "Corp," "Inc," or of cofessional association," or the al	"Co". A professional c	_The new ed" or the corporation
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flor	rida, enter the name of t	 _ _ _ _ <u>he</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street addres.	<u></u>	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered ————————————————————————————————————	agent. I am familiar with and acc		e position.
i	Signature of New Registered Agen	nt, 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
officer VP	Sandy Victor	516 CLEARVIEW DR PORT CHARLOTTE FL 33953	☐ Add ☐ Remove
			☐ Add ☐ Remove
			Add Remove
	ing or adding additional Articles, enditional sheets, if necessary). (Be sp		
provisio		reclassification, or cancellation of iss	

The date of each amendment(s) adoption: 06/24/2010				
Effective date if applicable:	06/25/2010	(date of adoption is required)		
Entenie date <u>ir appreadie</u> .	(no more than 90	days after amendment file date)		
Adoption of Amendment(s)	(<u>CHI</u>	ECK ONE)		
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) oproval.		
		shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):		
"The number of votes	cast for the amend	ment(s) was/were sufficient for approval		
by	(voting group)	.,,		
	(voting group)			
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
The amendment(s) was/we action was not required.	re adopted by the i	ncorporators without shareholder action and shareholder		
$Dated_{\underline{\mathcal{S}}}$	-23-1	5		
Signature _	-23-11 hemana	Reid		
. (By	a director, preside	ent or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court		
	ointed fiduciary by			
		and Reid		
	(Тур	ed or printed name of person signing)		
	Preside	ent		
(Title of person signing)				