## P10000041978

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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

JAN 13 2016 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: IN CYCATIVE GYOUD INC DOCUMENT NUMBER: P10000019 78 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: The Colorful P.O. Box 340188 Address Tampa, FL 33694 City/ State and Zip Code casey.armstrong@thecolorfulcase.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 919-7111

Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment

to
Articles of Incorporation

of	or bot attori		
In Creative Gro	MACONIA POPER OF State)		_
0			
P100000llQ	( ) (5) f Corporation (if known)		_
	, , ,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) t	to
A. If amending name, enter the new name of the corporation:			
The Colonful Case Inc.		The new	
name must be distinguishable and contain the word "corporation	n," "company," or "incorporated" or th	e abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "oword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name m P.A."	~ <b>d</b>	
	1100 analas Way	2016 SEC	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1 - 5 22640	A A	med j.
	LUTZ, TL 33549		
		m≺ — ———————————————————————————————————	T
C. Enter new mailing address, if applicable:	D.O. D 040400	FF.S	1 s
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 340188	<u> </u>	Name of Street
	Tampa, FL 33694		
D. If amending the registered agent and/or registered office addr			
new registered agent and/or the new registered office address	<u>:</u>		
Name of New Registered Agent USCY UYMST	Tong		
_1100 analas	Way		
(Florida str	cet address)		
New Registered Office Address:UTZ	, Florida_3 <sup>2</sup>	548	
	(City)	Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	<u>!</u>		
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position	on.	
,	-0		
Casey Arnotho	ng		
	()		

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.

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	Name	Address
1) Change		NIA	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Orticle TX
To the full extent exempted by the Florida For-Profit
To the full extent permitted by the Florida For-Profit Corporation Het, the Corporation Shall Indemnify any and all directors from any and all liabilities, losses costs, claims or damages arising out of such director's interest in the Corporat or any act of such person made in his or her capacity as a direct
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)  N   A

The date of each amendment(s) adoption: January 1, 2016 date this document was signed.	_, if other than the
Effective date if applicable: date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (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/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/1/2016	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by t	_
Casey Armstrong	
Owner/Director	
(Title of person signing)	