## P10000092330

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	PORATION:	The En	trepreneurs S	how, Inc.	<del></del>
DOCUMENT NU	JMBER:	P10000092330			
The enclosed Artic	cles of Amendment and f	ee are submitte	ed for filing.		
Please return all co	orrespondence concerning	g this matter to	the following:		
		Albert Grz			
		Name of Cont	act Person		
		Firm/ Cor	npany	and set II	
	7	407 Weeping		, , ,	
		Addro	SS		
		Sarasota, F			<del></del>
	E-mail address: (to be	tg3@comcas used for future a	st.net unnual report notifical	tion)	
For further inform	ation concerning this mad	tter, please cal	<b>:</b>		
A Name	bert Grzybowski of Contact Person	at (_	941 ) Area Code & Daytin	926 1108 ne Telephone Nur	mber
	k for the following amou				
□ \$35 Filing Fee		Cer	.75 Filing Fee & tified Copy ditional copy is enclo	Certifi sed) Certifi	Filing Fee icate of Status led Copy iconal Copy is enclosed)
Mailing Address Amendment Section		Ame	t Address  Idment Section  ion of Corporation	na	
Division of Corporations		אועו	ion or Corporation	113	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



The Entrepreneurs Show, Inc.	<b>*</b>
(Name of Corporation as currently filed with the Florida Dept. of State)	
P10000092330	
(Document Number of Corporation (if known)	

lowing

	of the corporation:	
	Business Videos, Inc.	The nev
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		<del></del>
		<del></del>
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		enter the name of the
Name of New Registered Agent:		
		<del></del>
New Registered Office Address:	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida

## 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) Title <u>Name</u> <u>Address</u> Type of Action D Alexandra Grzybowski ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment  Effective date if applicable:	(s) adoption: (date of adoption is required)
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/well action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_6/21	111 Ja Man Ja
(By sele	director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Andrew Grzybowski
	(Typed or printed name of person signing)
	President
	(Title of person signing)