

P10000100962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

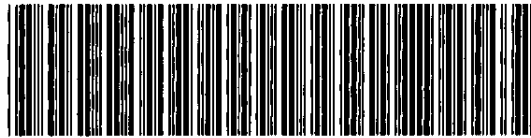
(Business Entity Name)

(Document Number)

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02/20/12--01032--002 \*\*35.00

*Amend*

FILED  
12 FEB 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 21 2012  
T. ROBERTS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **FOX FLAT SPEAKER, INC.**

DOCUMENT NUMBER: **P10000100962**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**YUNIEL HERNANDEZ**

Name of Contact Person

Firm/ Company

**12343 SW 266 TERRACE**

Address

**HOMESTEAD, FL 33032**

City/ State and Zip Code

**foxforhumanity@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**YUNIEL HERNANDEZ**

Name of Contact Person

at ( **305** ) **519-6205**

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 &  
Certificate of Status

☐ \$43.75 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  
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

Articles of Amendment  
to  
Articles of Incorporation  
of

FOX FLAT SPEAKER, INC.

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

P10000100962

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

12343 SW 266 TERRACE  
HOMESTEAD, FL 33032

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX #924303  
13500 SW 250TH STREET  
HOMESTEAD, FL 33032

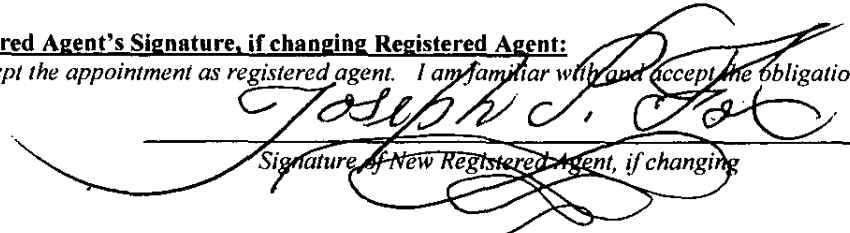
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JOSEPH P FOX  
12343 SW 266 TERRACE  
(Florida street address)

New Registered Office Address: HOMESTEAD, Florida 33032  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1)    Change Add <input checked="" type="checkbox"/> Remove	P	JASON R STEINBRUNN	1615 JEFFERSON AVE APT. 11 MIAMI BEACH, FL 33139
2) <input checked="" type="checkbox"/> Change Add Remove	P	JOSEPH P FOX	12343 SW 266 TERRACE HOMESTEAD, FL 33032
3 )    Change <input checked="" type="checkbox"/> Add Remove	VP	YUNIEL HERNANDEZ	12343 SW 266 TERRACE HOMESTEAD, FL 33032
4)    Change Add Remove			
5)    Change Add Remove			
6)    Change Add Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

**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: 01/18/2012

Effective date if applicable: 01/18/2012

(no more than 90 days after amendment file date)

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

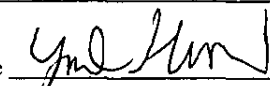
by \_\_\_\_\_."  
(voting group)

☒ 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 01/18/2012

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 fiduciary by that fiduciary)

**YUNIEL HERNANDEZ**

(Typed or printed name of person signing)

**VP**

(Title of person signing)