# P11000012425

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#### COVER-LETTER

TO: Amendment Section Division of Corporations \* Crowned Public Relations, Inc. NAME OF CORPORATION: P11000012425 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Courtney Newell Name of Contact Person Crowned Public Relations, Inc. Firm/ Company 6678 Hannah Cove Address West Palm Beach, FL 33411 City/ State and Zip Code courtney@crownedmc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Courtney Newell Area Code & Daytime Telephone Number 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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## FILED

#### Articles of Amendment to Articles of Incorporation of

2020 OCT 13 PM 4: 54

Crowned Public Relations, Inc

SUCRETARY OF STATE

(Name o	f Corporation as currently	filed with the Florida De	pt, of State)
	(Document Number of	Corporation (if known)	
	(Document Number of	Corporation (it known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation;		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	professional corporation	name must contain the word
B. Enter new principal office address.	if annlicable:	560 Village Blvd Suite #260	
(Principal office address MUST BE A ST		West Palm Beach, FL 3	3409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		560 Village Blvd Suite	#260
(maing maress MALDEARODE)	(Mauing address MAI BE A FUST UFFICE BUA)		3409
	1. 1. 2. m 3 km		
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the n	ame or the
	-		
Name of New Registered Agent		. <del></del>	
	The state of	4 t	
	(Florida street address) 560 Village Blvd Suite #260 West Palm Beach		33409
New Registered Office Address:	(0).		Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligation	ons of the position.
	Signature of New Re	gistered Agent, if changing	3
on 1.00 v 1.1	-· •	_ · · · · · · ·	
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (	e), F.S.	

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	<u>Title</u>	Name	Address
(Check One)	D	Jamil Newell	560 Village Blvd Suite #260
1) Change X			West Palm Beach, FL 33409
Add			<del></del>
Remove			
2) Change			<del> </del>
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)  A	I <mark>f amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary).</i> A	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	
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	provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>If applicable</u> : (no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	os. The following statement  the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for a	pproval
by	,, 
(voting group)	
9/14/2020 Dated	
(By a director, president or other officer if directors of selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	
Courtney McKenzie Newell	
(Typed or printed name of person si	gning)
President	
(Title of person signing)	