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(Re	equestor's Name)	
(Ac	łdress)	
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(Ci	ty/State/Zip/Phone	e #)
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M/C 05-18-11

COVER LETTER

Division of Corporations BARGAIN BA The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

BARGAIN BA	RN MEDIA	ZINC.	
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
1/100002/99	nber of Corporation (if kno		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:			dopts the following
A. If amending name, enter the new name o	f the corporation:		,
FLASHTIME IT	i/C·		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professiona	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		.Af.	
			1 2 3 3 3 3 3 3 3 3 3 3
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			NY -9 PM 1:
D. If amending the registered agent and/or remember new registered agent and/or the new registered.		n Florida, enter the name o	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with a	nd accept the obligations of	the position.
<u></u>	ignature of New Registered	l Agent, 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>	Name	Address	Type of Action
			_ □ Add □ □ Remove
			~ — ~
			Add Remove
	g or adding additional Articles, enter similar in the specific of the specific		
	70 17 14 17 14 17 14 17		
provisions	dment provides for an exchange, reclifor implementing the amendment if numbers in the supplicable, indicate N/A)		
			· · · · · · · · · · · · · · · · · · ·
			,

The date of each amendment(s) adoption: 5/5/		
TOOC - 41 3 - 4 - 10 11 1.1	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	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 of 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)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
Dated 5	G/11 Andrew Durk	
(By selec	a 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 pinted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	