## P11000023247

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Epicenter Epicente	er, Inc.		
DOCUMENT NUMB	P11000023247 BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	David Vargas			
	Epicenter Entertainment, Inc	Name of Contact Person	1	
	8108 Viadana Bay Avenue	Firm/ Company		
	Boynton Beach, FL 33473	Address		
	City/ State and Zip Code			
	dvdargas@gmail.com			
•	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
David Vargas		954 at (	394-7696	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fœ & 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## **Articles of Amendment**

	to Articles of Inco of	rporation		11 m
Epicenter Entertainment, Inc.	01			3 . 7
( <u>Name o</u>	of Corporation as currently	filed with the Florida Dept.	of State)	
	(Document Number of G	Corporation (if known)		<u></u>
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation add	opts the following an	nendment(s) to
A. If amending name, enter the new name MailPro Solutions, Inc.	ame of the corporation:		au.	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	$Corp_i$ " "Inc," or "Co". A	mpany," or "incorporated" o professional corporation na	or the abbreviation "	e new Corp.," e word
B. Enter new principal office address,		8108 Viadana Bay Avenue		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Boynton Beach, FL 33473		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8108 Viadana Bay Avenue		
		Boynton Beach, FL 33473		<del></del>
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the nam	e of the	
Name of New Registered Agent	8108 Viadana Bay Avenue			
<u>New Registered Office Address:</u>	(Florida stree Boynton Beach	·	33473 Florida	
	(C	lip)	(Zip Code,	)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agent: ered agent. I am familiar wit	th and accept the obligations	of the position.	
		1		

Signature of New Registered 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)

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.

Example:	DOD F. L.	D	
X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	NA	NA	N/A
Add			· · · · · · · · · · · · · · · · · · ·
Remove			<del></del>
2) Change			
Add			
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del>-</del>
Add			
Remove			
6) Change			
Add			
Remove			

	ry). (Be specific)
	NIA
<del></del>	
***	
	a company of the comp
I an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
	mendment if not contained in the amendment texts.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	)
(if not applicable, indicate N/A)	

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January 13, 2023

The date of each amendment(s)	adoption:	, if other than the
date this document was signed. Ja	inuary 13, 2023	
Effective date <u>if applicable</u> :		
<del> "                                 </del>	(no more than 90 days after amendi	nent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes essufficient for approval.	ast for the amendment(s)
	oproved by the shareholders through voting groups. For each voting group entitled to vote separately on t	
"The number of votes ca	st for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
January	13,2023	
Dated		
Signature		
	director, president or other officer - if directors or	
	ed, by an incorporator – if in the hands of a receive	r, trustee, or other court
appo	nted fiduciary by that fiduciary)	
	David Vargas	
	(Typed or printed name of person sign	uing)
	Managing Member	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·