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Τυ:

Division of Corporations

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From:

: LEBRON ACCOUNTING SERVICES INC Account Name

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MONEY BAG ENTERTAINMENT CORP

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TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: MONEY BAG ENTERTAINMENT CORP DOCUMENT NUMBER: P11000058051 The enclosed Articles of Amendment and fee are submitted for filing.

Please return all corre

Please return all correspondence concerning this matter to the following:
DEVARIS SHEPPARD
Name of Contact Person
MONEY BAG ENTERTAINMENT CORP
Firm! Company
1548 ARCH ST
Address
TAMPA FL 33607
City/ State and Zip Code
lebronaccounting@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEVARIS SHEPPARD 813 412-9615
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State: **535** Filing Fee □\$43.75 Filling Fee & □\$43.75 Filling Fee & ■\$52.50 Filing Fee

Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

MONEY BAG ENTERTAINMENT CO	of ORP					
(Name of Corporation as currently filed wit		pt. of State)		<u>.</u> .		
P11000058051						
(Document Number of Corpor	ration (if known)			_		
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	es, this <i>Florida P</i>	<i>Profit Corporation</i> ado	pts the followir	ng amendm	ent(s) to	ı)
A. If amending name, enter the new name of the corporat	tion:					
				_The nev		
name must be distinguishable and contain the word "cor" "Corp.," "Inc." or Co.," or the designation "Corp.," "Inc. word "chartered," "professional association," or the abbrev	" or "Co". A j	pany." or "incorpor professional corporati	ated" or the a ion name must	bbreviation contain th	9 8	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_		
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					12 SEP 11	Special M
D. If amending the registered agent and/or registered office and/or the new registered office and/or the new registered office and/or the new registered office and and/or the new registered office and and of New Registered agent.	ce address in Flo address:	orida, enter the name	of the		8 PM 3: 48	
		-		art		
· · · · · · · · · · · · · · · · · · ·	orida street address)				
New Registered Office Address:		, Florida				
	(City)		(Zip Code)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	event the obligations	of the navition			
Tumja	with and a	ccopi inc omiganims (y me position.			

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:

→ 18506176380

(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 number. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. There is a change. Mike Jones leaves the corporation, Sally Smith is named the 1' 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	PT	John Doc	
X Remove	<u>y</u>	Mike Jones	
_X Add-	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	VP	TORRANCE WARREN	1548 ARCH ST
Add			TAMPA FL 33607
X Remove			the office of the same of the
2) Change	<u>T</u>	JASON MOORE	1548 ARCH ST
Add			TAMPA FL 33607
X Remove			
3) Change	VP	JASON MOORE	10871 DRAGONWOOD DR
X Add			TAMPA, FL 33647
Remove			
4) Change	T	JACQUELINE SHEPPARD	10871 DRAGONWOOD DR
X Add			TAMPA, FL 33647
Remove			
5) Change	S	WALDNER LEANDRE	1548 ARCH ST
Add			TAMPA FL 33607
X Remove			
6) Change	s	LAWANDA FARROW	3655 HABERSHAM LD NE
X			ATLANTA, GA 30305
Remove			



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; $\dot{T} = Treasurer$; 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 Doc 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>P7.</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>P</u>	DEVARIS SHEPPARD	10871 DRAGONWOOD DR
Add			TAMPA, FL 33647
Remove			
2) (Thange			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5, Change			
Add			
Remove			
6) Change			
Add			
Remove			

.uach <i>additiona</i> i	dding additional Ar I sheets, if necessary)	. (Be specific)			
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<u>f an amendmen</u>	<u>it provides for an ex</u>	change, reclassi	ication, or can	<u>cellation of issu</u>	ed shares,
provisions for i	mplementing the an	nendment if not	contained in th	<u>e amendment it</u>	self:
(if not appli	icable, indicate N-A)				
·····		······································			
				_ 	<u> </u>
					

The date of each amendment	t(s) adoption: 09/18/2012
Effective date if applicable:	09/18/2012
Enective date it appricable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	s east for the amendment(s) was/were sufficient for approval
by	tvoting group)
	(voling g) dapy
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
no.	19/2012
Dated US/	18/2012
Signature_	The Agra
pro-init	By a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	PRESIDENT
	(Typed or printed name of person signing)
	DEVARIS SHEPPARD
	(Title of person signing)