P11000063648

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
3.30		
	,	(Q tan

Office Use Only



100280743581

01/27/16--01028--005 **43.75

16 FEB 19 MIII: 52

Evenbrum

MAR - 1 2016 D CUSHING

CÒVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: <u>KAX MEDIA AM</u>	IERICA INC.		-	
DOCUMENT NUMBE	R: <u>P11000063648</u>			-	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
	William	S Hanson			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n		
	Kax Med	lia America Inc.			
		Firm/ Company			
	514 N Fr	anklin St., Suite 201		≥ 00	5
	Address				
Tampa, FL 33602					
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	e		~~~
	·11:	1			Ē
	-	kaxmedia.com		- ; •	7.7 O1
	E-mail address: (to be u	sed for future annual report	notification)	14	63
For further information of	concerning this matter, pleas	se call:			
William Hans	on	at (813)221-9100		
Name of	Contact Person	Area Co	de & Daytime Telephone Ni	umber	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)		
Ameno Divisio	ng Address Iment Section on of Corporations ox 6327	Amend Divisio	Address Iment Section on of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

KAX Media America, Inc. 514 N Franklin St. Suite 201 Tampa, FL 33602 February 16, 2016 Subject: KAX MEDIA AMERICA INC. Ref. Number: P11000063648 To Whom It May Concern: Please find attached our original application along with a resigned final page as requested. Thank you, William S. Hanson



February 4, 2016

WILLIAM S HANSON KAX MEDIA AMERICA INC 514 N FRANKLIN ST., SUITE 201 TAMPA, FL 33602

SUBJECT: KAX MEDIA AMERICA INC.

Ref. Number: P11000063648

We have received your document for KAX MEDIA AMERICA INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Kevin R McCrystle resign the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 416A00002487



Articles of Amendment to · Articles of Incorporation of

VAY	MEDIA	AMERICA	INC
$\mathbf{N}\mathbf{A}\mathbf{A}$	JVLCIJIA		HNC.

KAX MEDIA AMERICA INC.		
(Name of Corporation as current	tly filed with the Florida Dep	it. of State)
P11000063648		
(Document Number (of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		= IT
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		ည်း က
	"	3 •
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		me of the
Name of New Registered Agent N/A		
(Florida si	treet address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	_, riorida(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ns of the position.
N/A		
	Registered Agent, if changing	
3		

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	P	Kevin R McCrystle	416 E 89th St
Add			Apt 4F
X Remove			New York, NY 10128
2) Change	P	William S Hanson	769 43rd Ave N
_X Add			Saint Petersburg, FL 33704
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

ritacii uuul	g or adding additio itional sheets, if nece	essary). (Be sp	ecific) ,	-		
N/A						
	•	,			· · · · · · · · · · · · · · · · · · ·	
,			<u> </u>			
		,,,,				
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
			·			
			······································			
	, , , , , , , , , , , , , , , , , , , 				·	
		· · · · · · · · · · · · · · · · · · ·				
	-					
f an amen	dment provides for	an exchange, re	classification, o	r cancellation of i	ssued shares,	
provisions	for implementing applicable, indicate	the amendment	if not contained	in the amendmen	t itself:	
N/A	appricable, maicule	11/71)				
14/73						
· · ·	-					
		·····		······································		

The date of each amendment(s) adoption date this document was signed.	n:N/A	, if other than the
•	I/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date wint of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement of our 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)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	15 15 15 15 15 15 15 15 15 15 15 15 15 1
01/22/2016 Dated _		हिंदी हैं।
Signature Kin	172	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)	图11:52
	Kevin R McCrystle	~
 -,	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	