P11000065861

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Cady Pro		rrent name)
DOCUMENT NUM	BER: P110000658	361	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this made	tter to the following:	
	Chadwick Cad		
		Name of Contact Person	
	Nation Imprint,	Inc. (new na	ame)
		Firm/ Company	
	2140 SW Main	Blvd.	
		Address	TRACEMENT 1 1800 BENEFIT 1 1 190
	Lake City, FL 3	32025	
		City/ State and Zip Code	
inf	a@NationImpri	at aam	
<u>IIII</u>	o@NationImprii	ed for future annual report	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Chadwick Cady		at (904	885-3265
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314			xecutive Center Circle
- w-			assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cady Promos, Inc.		
(Name of Corporation as currently filed with the FI P1100065861	orida Dept. of State)	-
(Document Number of Corporation (if	`known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
Nation Imprint, Inc.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	(same as original)	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2140 SW Main Blvd.	-
	Lake City, FL 32025	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(same as original)	SEC 3
	2140 SW Main Blvd. 🏻 🢈	
	Lake City, FL 32025	12
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		F STATE
Name of New Registered Agent N/A		25 E
N/A		"
(Florida stre	eet address)	
New Registered Office Address: N/A	, Florida N/A	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	vith and accept the obligations of the position.	

. If am	nending or adding additional Artic	cles, enter change(s) here:
	ch additional sheets, if necessary).	(Be specific)
N/A		
		
		=000=
-		
Tf an	. amandmant nuoridas fau au auch	
Drov	visions for implementing the amer	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
/A		
		ON LAND LAND