## P11000072665

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(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION:	Webcanix Digital Development Group Inc
DOCUMENT NUMBER:	P11000072665
The enclosed Articles of Amend	ment and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Michael DiChiaro
	Name of Contact Person
	Webcanix Digital Development Group INC
<del></del>	Firm/ Company
	2368 se diamond ct
	Address
	stuart, fl 34997
-	City/ State and Zip Code
E-mail a	webcanix@yahoo.com ddress: (to be used for future annual report notification)
For further information concerni	ng this matter, please call:
michael dichia	at (
Name of Contact Person	m Area Code & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made payable to the Florida Department of State:
☑ \$35 Filing Fee ☐ \$43.75 F Certifica	lling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address 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 Articles of Incorporation**

11 SEP 26 PM 1: 40 Webcanix Digital Development Group IIIC.

(Name of Corporation as currently filed with the Florida Dept. of State)

TALLAHASSEE: ELORIDA (Document Number of Corporation (if known)

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name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	esignation "Corp," "Inc," or "Co". A	professional corporation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>	ADDRESS )	
	stuart, fl 34997	
		<u> </u>
C. Enter new mailing address, if applicable:	E POV	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	<del></del>
D. If amending the registered agent and/or re	istered office address in Florida, enter	the name of the
D. If amending the registered agent and/or re- new registered agent and/or the new registered.		the name of the
		the name of the
•		the name of the
new registered agent and/or the new registered Name of New Registered Agent:	ered office address:  (Florida street address)	Florida

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Michael A. DiChiaro	2368 SE Diamond Ct Stuart, FL 34997	② Add □ Remove
	·		
	ling or adding additional Articles, of distinct of the dist		
provisio	nendment provides for an exchange ons for implementing the amendme ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 9/21/11		
Effective date <u>if applicable</u> :	9/21/11 (date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.		
	ere approved by the shareholders through voting groups. The following statement ed 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.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder		
Dated_ 9/21	/11		
Signature _			
sele	y a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	Michael A. DiChiaro		
	(Typed or printed name of person signing)		
	CEO		
	(Title of person signing)		