P11000098523

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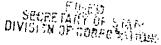
COVER FETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SLICE MEDIA GROUP, INC.					
OCUMENT NUMBER: P110000 98523					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Vanessa Pace Name of Contact Person Nice Media Gro Firm/Company HII SW 100 Ave Address Miami. FL 3	on OUP, Inc. Rd			
Miami, FL 33176 City/ State and Zip Code					
Vanessa@ InSo uth Florida - com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Vanessa Pac	e at (305	595-5078			
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:					
	Filing Fee & Status Status Status Status Status Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Stree	t Address			

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

Articles of Amendment to Articles of Incorporation



MEDIA GROUP INC. 15 SEP - 4

(Name of Corporation as currently filed with the Florida Dept. of State) P110000098523 (Document Number of Corporation (if known) Pursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: INSOUTHFLORIDA, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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:

(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 <math>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 Smit	<u>h</u>			
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>lame</u>		<u>Addres</u> s	
1) Change						
Add						
Remove						
2) Change			· · · · · · · · · · · · · · · · · · ·		_, , , , , , , , , , , , , , , , , , ,	
Add						
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5) Change						
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Remove						
6) Change		<u> </u>		·		
Add						
Remove						

	ary). (Be specific)	
f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the a	amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.	. 1	SECRETARY OF STAFF
Effective date <u>if applicable</u> :	918/15	
	(no more than 90 days afte	r amendment file #318EP -4 PH 1: 25
Note: If the date inserted in this h		ory filing requirements, this date will not be listed as the
document's effective date on the De		ory ming requirements, and date with net be noted up the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by		, , , , , , , , , , , , , , , , , , ,
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without sha	areholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareho	older action and shareholder
Dated 8	26/15	
Signature(meriaface	
(By a di	irector, president or other officer - if dire	
	d, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)	a receiver, trustee, or other court
	Vanessa Pace	_
	(Typed or printed name of pe	
	S, D	
	(Title of person si	gning)