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n: Jeff Lieser	Fax: (813) 251-8715	To: Page 2 of 6 10/16/2017 4:
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		COVER LETTER
TO: Amendi Divisio	nent Section n of Corporations	
NAME OF	CORPORATION:	R MEDIA CORP.
DOCUMEN	T NUMBER:	03
The enclosed	Articles of Amendment and	l fee are submitted for filing.
Please return	all correspondence concerni	ing this matter to the following:
	Ghada Skaff	
	. <u>.</u>	Name of Contact Person
	Lieser Skaff Alexa	inder, PLLC
		Fim/ Company
	403 N. Howard Av	/enne
		Address
	Tampa, FL 33606	
		City/ State and Zip Code
	kyle@thepennyhoarder.c	com
		ss: (to be used for future annual report notification)
For further i	nformation concerning this m	natter, please call:
Ghada Skaf	ſ	$\underline{\qquad} at \left(\underbrace{ \overset{813}{280-1256}}_{280-1256} \right) \underbrace{ \overset{280-1256}{280-1256}}_{280-1256}$
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amo	ount made payable to the Florida Department of State:
🖬 \$35 Fili	ng Fee \$43.75 Filin Certificate o	
	Mailing Address Amendment Section	Street Address Amendment Section
	Division of Corporation	
	1	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

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Fax: (813) 251-8715

To:

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Articles of Amendment to Articles of Incorporation of

TAYLOR MEDIA CORP.

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

P11000109303

From: Jeff Lieser

(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:

	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	490 1st Avenue South
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 800
	St. Petersburg, FL 33701
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	490 1st Avenue South

	Suite 800	A ≦	15	
	St. Petersburg, FL 33701	ALLA	130	- - ก
D. If amending the registered agent new registered agent and/or the r Name of New Registered Agen		SSEEJELO	16 PH 3:	E D
	490 1st Avenue South, Suite 800	E A	: 26	
	(Florida street address)			
New Registered Office Addres	St. Petersburg , Florida	33701		_
	(City)	(Zip Co	le)	-

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

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From: Jeff Lieser Fax:	(813) 251-8715		「Fax: (850)ら17-5380 トムムンント	Page 4 of 6 10/16/2017 4:49 PM
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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 = Trustce; 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 V Mike Jones X Add <u>sv</u> Sally Smith Type of Action Title Name Address (Check One) 490 1st Avenue South **KYLE TAYLOR** CEO 1) $\frac{x}{2}$ _ Change Suite 800 ___ Add St. Petersburg, FL 33701 Remove 2) ____ Change ___ Add ____ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change Add __ Remove 6) ____ Change ____ Add ____ Remove

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om: Jeff Lieser	Fax: (813) 251-8715	To::::::::::::::::::::::::::::::::::::
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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets. if necessary). (Be specific)

From: Jeff Lieser

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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			if other than
The date of date this doc	each amendment(s) ado ument was signed.	ption:	. A ould han
Effective da	te <u>if applicable</u> :	(no more than 90 days after amendment file.	
		(no more than 90 days after amendment file	date)
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