P120002438]

| , (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | idress) | · |
| . (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO : Amendment Section Division of Corporat | | | | |
|---|--|--|--|-----|
| NAME OF CORPORA | rion: Spared De | sign, Inc. | | |
| | P1200002438 | | • | |
| | | | | |
| The enclosed Articles of A | Amendment and fee are su | ibmitted for filing. | | |
| Please return all correspon | ndence concerning this ma | tter to the following: | | |
| <u>A</u> | ndrea Edwards | | | |
| <u>н</u> | all & Edwards, l | | 1112-20 | 125 |
| 0. | 704 444 0 11 | Firm/ Company | $u \mapsto$ | |
| 3 | 791 A1A South, | | | |
| s | t. Augustine, FL | Address . 32080 | | |
| *************************************** | | City/ State and Zip Cod | e | |
| andre | ea@halledwards | spa.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information co | oncerning this matter, pleas | se call: | | |
| Andrea Edward | ds | at (904 | 471-3100 de & Daytime Telephone Number | |
| Name of C | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the | e following amount made p | 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) | |
| Amendr Division P.O. Bo | r Address ment Section n of Corporations x 6327 ssee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2012

ANDREA EDWARDS HALL & EDWARDS, PA 3791 A1A SOUTH, SUITE B ST. AUGUSTINE, FL 32080

SUBJECT: SPARED DESIGN, INC.

Ref. Number: P12000024381

We have received your document for SPARED DESIGN, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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

Karen Gibson Document Specialist Supervisor

Letter Number: 812A00011521

RECEIVED 2 APR 19 AM 9: 06

Articles of Amendment to Articles of Incorporation of



| Spared Design, Inc. | | | SUA |
|---|--|---------------------------------------|-------------------|
| (Name of Corporation as current | ly filed with the Florida Dep | ot. of State) | |
| P12000024381 | | | , |
| (Document Numbe | er of Corporation (if known) | | , |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation: | orida Statutes, this <i>Florida Pr</i> | ofit Corporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of th | <u>ie corporation:</u> | | |
| Spared, Inc. | | | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or | Corp," "Inc," or "Co". A pi | | |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | <u>BUX</u>) | | |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | rida, enter the name of the | |
| Name of New Registered Agent | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen | | cept the obligations of the position. | |
| Signature of | f New Registered Agent, if cho | ang ing | |

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> | <u>John Doe</u> | | |
|------------------------------|--------------|-----------------|---------------------------------------|---------|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | | Address |
| 1) Change Add , Remove | | <u>.</u> . | | |
| 2) Change Add Remove | | | | |
| 3) Change Add Remove | | | | |
| 4) Change Add Remove | | - | <u> </u> | |
| 5) Change Add Remove | | - | · · · · · · · · · · · · · · · · · · · | |
| 6) Change Add Remove | | <u> </u> | | |

| attach additional sheets, if necessary). | les, enter change(s) here: (Be specific) | |
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| If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A) | nge, reclassification, or cancellation of i dment if not contained in the amendmen | ssued shares, it itself: |
| | _ | |
| | | |
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| | · · · · · · · · · · · · · · · · · · · | |
| | | |

| The date of each amendment | (s) adoption: March 12, 2012 |
|---|---|
| Effective date <u>if applicable</u> : | March 12, 2012 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ■ The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | e approved by the shareholders through voting groups. The following statement d 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) |
| ☐ The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were action was not required. | e adopted by the incorporators without shareholder action and shareholder |
| _{Dated} Mar | ch 13, 2012 |
| Signature / | 1 (a) 45-20R |
| | radirector, 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) |
| | Athena Calvin |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |