**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000092885 3)))



H160000928853ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Phone Fax Number

: (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN SMASH TELEVISION CO.

Certificate of Status	O
Certified Copy	0
Page Count	01
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

SMASH TELEVISION CO.			
(Name of Corpo	ration as currently filed with the Florida Dep	t. of State)	
P12000048852			
(Do	ocument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this <i>Floridu Profli Corporation a</i>	dopts the following am	endment(s)
A. If amending name, enter the new name of the	ne corporation:		
THE COMMONWEALTH PICTURE CO.		The	e new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered." "professional association," or	Corp," "Inc," or "Co". A professional corpor the abbreviation "P.A."	orated" or the abbre valion name must cont	vlation ain the
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u>	ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C POV)		
(manual address MAT BE A FUST OFFICE			
	-		
D. If amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent	istered office address in Florida, enter the nat red office address:		
	(Florida zireet addrezz)		
Non-Residence J. C. Marc. A. J. Brance	,		
New Registered Office Address:	(Cig)	, Florida (Zip Code,	<del>)</del>
New Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the obligation	s of the position.	
	·		3
	Signature of New Registered Agent, if changing	SUBSETALIASS	1
		SEE FI	
	Page 1 of 4	168 H	

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: (Anach 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 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 PT John Doe X Remove y Mike Jones Z Add <u>sv</u> Sally Smith Type of Action Title Address Name (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 4) \_\_\_\_ Change \_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove

6) \_\_\_\_ ChangeAdd

\_ Remove

ttach <i>additi</i>	or adding add ional sheets. if r	necessary). (i	Be specific)				
				<del></del>			
. <u>-</u> ,			-				
	<u> </u>	·-					
				_			
<del></del> <u>.</u> a							
· · · · · · · · · · · · · · · · · · ·							
<u>rovision</u> a i	ment provides for implementi applicable, indic	ing the amend:	ge, reclassif ment if got c	cation, or car ontained in Il	icellation of is: he amendment	i <u>ued shares.</u> Itself:	
			<del></del>				<u>_</u>
							<del></del>
							· <del>········</del>

y	
The date of each amendment(s) ad date this document was signed.	ption:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement such voting group antitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were add action was not required.	ated by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
APRIL 12.	2016
Dated	
Signature	2
(By a d	officer, president or other officer - if directors or officers have not been
sclecte sppoin	by an incorporator - if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
	Jason C. Morgan
	(Typed or printed name of person signing)
	Proxident
	(Title of person signing)