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C. LEWIS

MAY 23 2014

EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: Reputation Capital, Inc. DOCUMENT NUMBER: P12000062645 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Calcote King Name of Contact Person Reputation Capital, Inc. Firm/ Company PO Box 13190 Address Jacksonville, FL 32206 City/ State and Zip Code michelle@rep-ink.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 04 305-5979
Area Code & Daytime Telephone Number Michelle Calcote King Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

APPROYEL AND FILEC

Articles of Amendment to Articles of Incorporation of

14 MAY 13 PM 1:21

Reputation Capital, Inc.

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

	(if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the s Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
Reputation Ink, Inc.	The new
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or ord "chartered." "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	1608 Walnut Street
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville, FL 32206
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 13190
	Jacksonville, FL 32206
. If amending the registered agent and/or registered office ac	
new registered agent and/or the new registered office addre	ess:
Name of New Registered Agent	
(Florida	street address)
Mary Projectioned Office Address	, Florida
New Registered Office Address:	ty) (Zip Code)
New Regissered Office Address: (Ci	
(Ci	4.

· 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 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.

X Change	<u>PT</u>	John Do	<u>2</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				.
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	<u></u>		-	
Add				
Remove				

amending or adding additional Articular tach additional sheets, if necessary).	(Be specific)
	
	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
	- ·



The date of each amendment(s) adoption:	14 MAY 13 PH 1:21	
date this document was signed.	SECRETARY OF STATE FALL AHASSEE, FLORIDA	, if other than the
Effective date if applicable: (no	o more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECI	<u>(CONE</u>)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders.	eholders. The number of votes cast for the amendment(s) oval.	
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by	group)	
(voting g	group)	
The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareholder	
Dated May 8, 2014 Signature	MCKN	
	t or other officer - if directors or officers have not been	
appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court that fiduciary)	
Michelle Ca	Icote King	
	(Typed or printed name of person signing)	
Principal & 1	President	
	(Title of person signing)	