## P12000000001000

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: I TURN HE	ADS ADVERTIS	SING,INC.	
DOCUMENT NUMB	ER: P120000691	66	<u> </u>	
	of Amendment and fee are su			
Please return all corresp	oondence concerning this ma	tter to the following:		
	Brian Palmer			
-		Name of Contact Person	n	
	Brian Palmer CP	A		
-		Firm/ Company		
	2937 Bee Ridge	Rd Ste 2		
-		Address		
_	Sarasota, FL 34	239		
		City/ State and Zip Cod	e	
palr	nercpa@comcas	t.net		
<u>'</u>		sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
Brian Palmer		at (941	922-4744	
Name o	f Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	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)	
Mailing Address 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		

## **Articles of Amendment** Articles of Incorporation



## I TURN HEADS ADVERTISING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P12000069166

endment(s) to

(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporat	ion adopts the following amendme
A. If amending name, enter the new name of th	e corporation;	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
		··· <del>·</del>
	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
	·	
D. If amending the registered agent and/or regi	istered office address in Florida, enter th	e name of the
new registered agent and/or the new register		to marite of the
Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	, F	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered age	nt. I am familiar with and accept the oblig	gations of the position.
Signatura	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 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Michael S. Lolli	6417 Rosefinch Ct
Add			Unit 102
Remove			Bradenton, FL 34202
2) Change	Р	Earl D. Hjertstedt	582 Oak Bay Dr
Add			Osprey, FL 34243
<b>√</b> Remove			
3) Change	<u>T</u>	Marlene Hjertstedt	582 Oak Bay Dr
Add		,	Osprey, FL 34243
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional s	sheets, if necessary	y). (Be specific	)		
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an amendment rovisions for im	provides for an explementing the a	xchange, reclass mendment if no	sification, or cau t contained in t	<u>icellation of issu</u> he amendment it	ed shares. self:
(if not applice	able, indicate N/A]	)			
<del>.</del>					
	<del></del>				

The date of each amendment(s) adoption: 07/16/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8-2-2014	
Signature Thinkay Idl.	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Michael S. Lolli	
(Typed or printed name of person signing)	
Vi. President	
(Title of person signing)	