Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BRIGHTFRACTAL, INC.

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Corporate Filing Menu

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JIVISION OF CORFORATION
2016 JUN 23 AM 9: 47

Articles of Amendment to Articles of Incorporation of

BRIGHTFRACTAL, INC.			
(Name of Currentles	an currently filed with	the Florida Deat. of State)	
P12000076147			
(Docume	an Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Sunues, this <i>Florida Pro</i>	<i>fit Carparation</i> adopts the fo	lowing amoudments
A. Muneroline name, enjer the new name of the cor	moration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc." or "Co". A pri	any," or "incorporated" or ofessional corporation name	the abbreviation must contain the
B. <u>Enter new principal office address. If applicables</u> (Principal office address <u>MUST RE A STREET ADD</u>			
C. Enter new mailing address, if applicable; (Mailing address MAY HE A POST OFFICE BO)	<u> </u>		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered usent and/or registered of new registered exent and/or the new registered of		ide, enter the name of the	
Name of New Revistered Avent			·
	(Florida street address)		
N - BL LOSS - 12E	II TO MIN SHI CIT MINN ELLY		
New Revisioned Office Address:	(City)	Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.	istered Agent: I am familiar with and ac	rcept the obligations of the po	zition.
Stran	onne of New Penishmal .	inatifekanim	

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= Transurer; S= Secretary; D= Director; TR= Trustee; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/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 on Add. Example:

X Change	PI	John Doc	
<u>X</u> Remove	¥	Mike Jones	
_X Add	SY,	Safty Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VD	MARK WON	76 CEDAR ST # 604
Add X			SEATTLE, WA 98121
Remove			
2) X Change	PTD	NICHOLAS SANTILLO	601 N CONGRESS AVE STE 206
Add			DELRAY BEACH, FL 33445
X Change	SD	DANIEL TYNSKI	601 N CONGRESS AVE STE 206
Add			DELRAY BEACH, FL 33445
Remove			******************************
4) X Change	D	KRISTIN TYNSKI	601 N CONGRESS AVE STE 206
Add			DELRAY BBACH, FL 33445
Remove			
.5) X Change	D	KELSEY LIBERT	601 N CONGRESS AVESTE 206
Add			DELRAY BEACH, FL 33445
Remove			
δ) X Change	D	RICHARD CLARKE	601 N CONGRESS AVE STE 206
Add			DELRAY BEACH, FL 33445
Remove			-

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address of each (Attach addition Please note the P = President; Executive Office held, President, Changes should o change, Mila	Officer nod/or I all sheets, if necess officer/director is V= Vice Presiden er; CFO = Chief Treasurer, Direct be noted in the fe Jones leaves the c	Mrector being added: sary) Is by the first letter of the office title: If T= Treasurer; S= Secretary; D= Director; Financial Officer: If an officer/director hold; or would be PTD.	offices/director being removed and title, name, and TR = Trustee; C = Chairmon or Clerk; CEO = Chief i more than one title, list the first letter of each office i as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	M	John Doc	
X Romove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
X Change	D	BRANDI SANTILLO	601 N CONGRESS AVE STE 206
/) Change			DELRAY BEACH, FL 33445
Add			
Remove			

amending or adding	s, if necessary).	(Be specific)			
					
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——————————————————————————————————————					
f an amendment pip	vides for an exc	hange, reclassifi	cation or cancella	ttion of issueri tha	res.
f an aspendiment Dip provisions for Imple (if not applicable	pentier the ave	endment if not c	poteined in the pr	nendment itself:	
(if not applicable	, indicate N/A)				
		·			
				· -	
				· -	

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUN 23 AM 9: 47

	Sune 2, 2016	-
The date of each amendment(s) at date this document was signed.	option:	if other than t
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	lock does not most the applicable standary filing requirements, this partment of State's records.	a date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The smendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendm filelent for approval.	च्चा(s) ·
	moved by the shareholders through voting groups. The following sta each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amondment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were added to the was not required.	spied by the board of directors without abareholder action and share!	relder
The amondment(s) was/were add	opted by the incorporators without shareholder action and shareholde	य
i.la	a la ou	•
Deted 0 0	Brand Footite	
(By a c	fractor, president of other officer—if directors or officers have not be al, by an incorporation—if in the hands of a receiver, trustee, or other sed fishectary by that fiduciary)	
,	Brandi LSantilla (Typed or printed name of person signing)	
•	(1 Mea or brings series of bassic risposis)	
	Director	
	(Title of person siming)	