## PIBOODS914

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>: #)</del>
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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AUG 26 2013 R. WHITE



## **COVER LETTER**

TO: Amendment Section

Division of Corporations Clay Studios Co. NAME OF CORPORATION: \_ P12000085914 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Caroline McKeon Name of Contact Person DreamWeb Office, Inc. Firm/ Company 10106 Courtney Oaks Cir #203 Address Tampa, FL 33619 City/ State and Zip Code dreamweb@dreamweboffice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Caroline McKeon Name of Contact Person Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

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AUG 21 AN 11:26

Clay Studios Co.

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

ent(s) to

P12000085914	Augusti , things of things
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain
B. Enter new principal office address, if applicable:	800 Blue Crane Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Venice, FL 34285
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	800 Blue Crane Drive
	Venice, FL 34285
D. <u>If amending the registered agent and/or registered office ad</u>	Idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent DreamWeb Of	<u> </u>
	ey Oaks Cir #203
<b>T</b>	street address)
<u>New Registered Office Address:</u> I ampa (Cit	, Florida 33619 (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	
Signature of New Registere	

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	<u>v</u>	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	<u>P</u>	Louise Hamel	10100 Gourtney Oaks Cir #203-
Add X Remove			Venice. 7L 34285
2) X Change	Р	Marsha Schamber	2766 Greendale Dr
Add			Sarasota, FL 34232
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Re specific)
mach adamonal sheets, if necessary).	(be specific)
	<u> </u>
	· ·
<u>If an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	

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 adop by the shareholders was/were suff	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	eted by the incorporators without shareholder action and shareholder
Dated_Augu	st 12, 2013
Signature	Larsha Schamber
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
	Marsha Schamber
-	(Typed or printed name of person signing)
	President
-	(Title of person signing)