## P13000016180

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SECRETARY OF STATE TALL AND SEEL TO ORIDA

Amend + Nano Charge

DEC 13 2013 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Veloxte	k Inc.	<del></del>			
DOCUMENT NUMBER: P1300001	16180				
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Hector Gonz	alez				
-	Name of Contact Person	1			
Veloxtek Inc	•				
	Firm/ Company	,· , · , · <del> </del>			
16334 SW 6	3rd TER				
	Address				
Miami, FL 33	3193				
<u>-</u>	City/ State and Zip Cod	e			
hgcode@gmail.	com				
	be used for future annual report	notification)			
		<b>,</b>			
For further information concerning this matter, p	please call:				
Hector Gonzalez	786	4223429			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee	& □\$43.75 Filing Fee &	□\$52.50 Filing Fee			
Certificate of State		Certificate of Status			
	(Additional copy is	Certified Copy			
	enclosed)	(Additional Copy is enclosed)			
<b>36</b> W A 13	g	,			
Mailing Address  Amendment Section		Address Iment Section			
Division of Corporations		on of Corporations			
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314	2661 E	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Vel	loxtek	Inc

13 DEC -9 PH 2:59

(Name of Corporation a	s currently filed with the Flo	orida Dept. of State)	
P13000016180			
(Docume	nt Number of Corporation (if	known)	<b></b>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
Outer Creative Inc.			_The new
	nation "Corp," "Inc," or "C		
B. Enter new principal office address,	if applicable:	16334 SW 63rd Ter	<del></del>
(Principal office address MUST BE A S	TREET ADDRESS )	Miami, FL 33193	
			_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		16334 SW 63rd Ter	
(Mauing address MAT BE A POST OFFICE BOX)		Miami, FL 33193	_
			<del></del>
D. If amending the registered agent ar new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	Hector Gonzalez		
Nume of New Registeres rigem	16334 SW 631	rd Ter	
	(Florida street address)		
New Registered Office Address:	Miami	, Florida 33193	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	changing Registered Agent: tered agent. I am familiar w	ith and accept the obligations of the position.	
Si	gnature of New Registered Ag	gent, 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 Do	<u>e</u>	
X Remove	Y	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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Add Remove				
2) Change		_		
Add				
Remove 3) Change				
Add		_		
Remove				
4) Change		_		
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5) Change Add	<del></del>	<del></del>		
Remove				
6) Change		<del></del>		
Add				
Remove				

(Attach adu	ditional aboata					
	uuonai sneeis,	if necessary).	(Be specific)		•	
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The date of each amendment(s) addate this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pited by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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 the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/20/20	013	
Signature		
(By a di	irector, president or other officer - if directors or officers have not been	<del></del>
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Hector Gonzalez	
	(Typed or printed name of person signing)	<del></del>
	CEO	
	(Title of person signing)	