P130000048489

(Re	equestor's Name)				
(Ac	ldress)				
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(Ci	ty/State/Zip/Phone	e #)			
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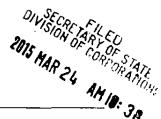
COVER LETTER

TO: Amendment Section

Division of Corporations			•			
NAME OF CORPORATION: DOCUMENT NUMBER: P	Imperial	Perks	Inc			
DOCUMENT NUMBER: P1	30000 48 48	9				
The enclosed Articles of Amendmen	and fee are submitted	for filing.				
Please return all correspondence con	cerning this matter to the	ne following:				
	KAYA 3250 N S	/ State and Zip Coo	P.A. 5/E 102			
For further information concerning this matter, please call:						
AURA E. CUADA	ia _ Garcia	at (813	999 - 9642 ode & Daytime Telephone Number			
Enclosed is a check for the following	g amount made payable	to the Florida Dep	variment of State:			
	cate of Status Ce (Ac	3.75 Filing Fee & rtified Copy dditional copy is closed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section of Corpo P.O. Box 6327 Tallahassee, FL 33	rations	Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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IMPERIAL PERKS, INC.	44 10: 38
(Name of Corporation as currently filed with the Florida Dept. of State)	39
P 130000 48 489	
(Document Number of Corporation (if known)	
cursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follows Articles of Incorporation:	owing amendment
. If amending name, enter the new name of the corporation:	
WEB STAR DIGITAL INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name noword "chartered." "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: "Principal office address MUST BE A STREET ADDRESS")	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

New Registered Office Address:

(Florida street address)

(City)

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	PT	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						
Add						
Remove						 · · · · · ·
2) Change	-			· · · · · · · · · · · · · · · · · · ·		
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		-				
Add			,			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						 <u>-</u>

	nending or adding additiona	<u>l Articles, e</u>	<u>nter change</u>	<u>(s) here</u> :			
Atta	ch additional sheets, if necess	ary). (Be s	specific)	<u></u>			
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lf a	n amendment provides for an	<u>ı exchange,</u>	reclassifica	tion, or cane	<u>ellation of issi</u>	ued shares,	
pr	ovisions for implementing the (if not applicable, indicate N	<u>z amenamei</u> I/A)	<u>it ii not con</u>	tamed in the	<u>amenament i</u>	iseii:	
	(3 L.L	,					
							
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The date of each amendment(s) adoption:	, 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 3 19 2015	
Signature Sidney M. Walle (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)	
Typed or printed name of person signing)	
$\alpha \subset \Omega$	
(Title of person signing)	-