P13000056700

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SECRETARY OF STATE.

C. LEWIS AUG-7 2013 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION:	Crown AT	M'S				
DOCUMENT NUMBER: P1	30000567	700				
The enclosed Articles of Amendm						
Please return all correspondence of		_				
Trease return air correspondence e	_	-				
	Beau Brudzinski					
		Name of Contact Person	1			
	Crown ATM'S					
	4.5	Firm/ Company				
	1515 E. Broward Blvd.					
	Eart	Address	1 22201			
	FUIL	Lauderdale, F				
b.brudzinski@yahoo.com						
E-mai	l address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
Beau Brudzinski at 954 410-8344						
Name of Contact I	Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	.75 Filing Fee & tificate 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 Street Address Amendment Section						

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

Crown ATM'S, INC

FILED

13 AUG -5 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIS

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

P13000056700

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	N ATMS, INC	The no
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A professional co	
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<i>E BOX</i>)	
. If amending the registered agent and/or reg new registered agent and/or the new registe		e name of the
		e name of the
new registered agent and/or the new registe		e name of the
new registered agent and/or the new registe	ered office address: (Florida street address) , Fl	
Name of New Registered Agent	ered office address: (Florida street address)	
Name of New Registered Agent	(Florida street address) (City) Registered Agent:	orida (Zip Code)

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 <math>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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
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				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
_	
 	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

		F	ILED
The date of each amendment(s) ad date this document was signed.	option:	13 AUG Z	5 PM / 5
Effective date <u>if applicable</u> :	(no more than 90 days after	TALL AHASSE TABLE AHASSE	ILED ther than the 5 PM 1:54 FE. FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of ficient for approval.	votes cast for the amendment(s)	
	roved by the shareholders through voting each voting group entitled to vote separat		t
	for the amendment(s) was/were sufficient		
by	(voting group)		
	pted by the board of directors without sha		
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareho	older action and shareholder	
Dated 7/25 Signature	3/13 D. B. Q. D.		
(By a di selected	rector, president or other officer – if directly, by an incorporator – if in the hands of a ed fiduciary by that fiduciary)		
	Beau Brudz	zinski	
	(Typed or printed name	,	
	Preside	nt	
	(Title of persor	n signing)	

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