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14 NOV 17 PM 3: 36

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: Lì	P Factory Inc.		
DOCUMENT NUMBER	0.4	13000 084980		
The enclosed Articles of A	me::dment and fee are su	abmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		1 0.)		
		Name of Contact Person	7 ()# Son, (H. 2) 400g	
		CandiGirlBox		
		Firm/ Company		
	6782 N. Ora	inge Blossom Tra	il Suite 0-03	
	6782 N. Orange Blossom Trail Suite 0-03 Address			
		Orlando Fu City/ State and Zip Cod	32810	
		City/ State and Zip Cod	e	
	SUPP	ort@candigirlbox	k.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	ncerning this matter, pleas	se call:		
Levele	Rast	467	930-1933	
Name of Contact Person		at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	M\$42.75 Filing For &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
U 355 ruing ree	\$43.75 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
	Address		Address	
	nent Section	Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 NOV 17 PH 3: 37

Lip Factory Inc	·
(Name of Corporation as currently filed with the F	Clorida Dept. of State)
P130008498	SD
(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
RODANN, INC.	The new
RODANN, INC. name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation"	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6782 N. Orange Blossom Trail Suite D-3
	Orlando, FL 32810
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6782 N. Orange Blossom Trail
	Soite 0-3
	Orlando, FL 32810
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered 2	Agent, if changing

P = President; V= Vice Executive Officer; CFC held. President, Treasur Changes should be note a change, Mike Jones la Mike Jones, V as Remov	r and/or I ts, if nece: lirector t t e Presiden D = Chief rer, Dir :cl d in the fe eaves the c	nrector being added: sary) the by the first letter of the st; T= Treasure; S= Sec Financial Officer. If an tor would be PTD. bllowing manner. Curren	e office title: cretary; D= Director; TR= officer/director holds mor ntly John Doe is listed as th	er/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones	. 10	
<u>X</u> Add	<u>sv</u>	Sally Smith	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
Change Add Remove				
2) Change Add		<u> </u>		
Remove 3) Change Add				
Remove 4) Change Add Remove				
5) Change Add Remove				
6) Change				

Remove

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NA	
, , ,	
·	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NA	

٠. .

The date of each amendment(:.) adoption:	FILED SEUPETARY OF STATE DIVISION OF CORPORATIONS	, if other than the
date this document was signed.		, if other than the
Effective date if applicable:	14 NOV 17 PM 3: 37	
	more than 90 days after amendment file date)	
-		
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation.	holders. The number of votes cast for the amendment(s) val.	
The amendment(s) was/were approved by the shar must be separately provided for each voting group	eholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	••	
by(voting go		
(voting gi	roup)	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated 11 13 14		
Dated 11 13 14 Signature	i Visne	
(By a director, president	or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the		
	Laurie Vinson	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	

and the second