P130000092450

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: Premium Gift Marketing, Inc.						
DOCUMENT NUM	_{BER:} P1300009245	50				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	ster to the following:				
	Many Padagra	_				
	Mary Rodgers					
		Name of Contact Person	n			
	Ackerman Rodge	ers CPA, PLLC				
		Firm/ Company				
	1665 Palm Beach	ր Lakes Blvd., S	te. 1004			
		Address				
	West Palm Beacl	n, FL 33401				
		City/ State and Zip Cod	e			
mr	odgers@arcpatax	.com				
		sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Mary Rodgers						
Name	of Contact Person	Area Co	de & Daytim e 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 & Certificate of Status	□\$43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	iling Address	Street Address				
	endment Section	Amendment Section				
	ision of Corporations . Box 6327	Division of Corporations Clifton Building				
	ahassee, FL 32314		xecutive Center Circle			
	•	Tallahassee, FL 32301				

Articles of Amendment Articles of Incorporation



Premium Gift Marketing, Inc.

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

ent(s) to

P13000092450	A Number of Companies (Ċ1		
(Documer	nt Number of Corporation (i	r known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Coi	<i>rporation</i> ado	pts the following am
A. <u>If amending name, enter the new na</u> Premium Gift Market, Inc				The
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professio	or "incorpor nal corporat	ated" or the abbres
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr w registered office address	ess in Florida, en	ter the name	of the
Name of New Registered Agent	N/A			
	(Florida str	eet address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(City)		, Florida	(Zip Code)
New Decistored Agent's Standard to	hanging Dagistana A			
New Registered Agent's Signature, if classification in the Agent the appointment as regist the Agent the Agent the Agent the Agent to the Agent th	nangin g Registereti Agent: vered agent. I am familiar w	ith and accept the	obligations (of the position.
	anature of New Registered i	loant if changi:		

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	ı		
X Remove	<u>V</u>	<u>Mike Jones</u>	\\		
\underline{X} Add	<u>sv</u>	Sally Smith	NIH		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
					_
3) Change					_
Add					
					_
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

	nal sheets, if nece	ssary). (Be	specific)				
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lf an amendme	ent provides for	an exchange,	<u>reclassifica</u>	ition, or can	cellation of	issued sha	res,
(if not app	r implementing t olicable, indicate	<u>he amendme</u> NZA)	nt if not cor	itained in th	<u>ie amendme</u>	nt itself:	
1.5	ŕ	,					
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The date of each amendment(s) a	doption:	if other than th
date this document was signed.	11/14/2013	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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 east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated/	1/14/2013 Rojan Michelan	
Signature	Brian Michelson	
(By a d selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	_
·	Brian Nicholson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_