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To:

Division of Corporations Fax Number : (850)617-6380

From:

: LEGALZOOM.COM INC. Account Name

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(323) 962-8600 (323) 962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUNDS CREATIVE INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: SOUNDS CREATIVE INC. | | | | | |
|---|---|--|--|--|--|
| DOCUMENT NUMBER: P14000005971 | | | | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | | |
| Please return all co | orrespondence concerning thi | is matter to the following: | | | |
| | | melda Vasquez of Contact Person) | 1.11.11.1.1. | | |
| | , | · | | | |
| | Legalzoom.com, Inc. (Firm/ Company) | | | | |
| | 100 W. Broadway Suite 100 (Address) | | | | |
| | Q) | | | | |
| · | | endale, CA 91210 state and Zip Code) | | | |
| For further inform | action concerning this matter, | please call: | | | |
| (Nam | Imelda Vasquez ne of Contact Person) | at (<u>323</u>) <u>962-860</u> (Area Code & Daytim | 0 x7950 le Telephone Number) | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida De | epartment of State: | | |
| S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| P.O. Box 6 | nt Section f Corporations 5327 | Street Address Amendment Section Division of Corporations Clitton Building 2661 Executive Center C | | | |
| - · - · · · · · · · · · · · · · · · · · | | Tallahassee EL 32301 | - | | |

Page 4 of 6

Articles of Amendment to Articles of Incorporation of

| | S CREATIVE INC. | ···· |
|--|---|---------------------------|
| (Name of Corporation as curr | rently filed with the Florida Dept. of Sta | <u>te</u>) |
| P1 | 400005971 | |
| | imber of Corporation (if known) | |
| Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco | | Corporation adopts the |
| A. If amending name, enter the new name | of the corporation: | |
| The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation namassociation," or the abbreviation "P.A." | " "Inc.," or Co.," or the designation " | Corp, " "Inc," or |
| B. Enter new principal office address, if ap | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | |
| , | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | | |
| D. If amending the registered agent and/or new registered agent and/or the new reg | registered office address in Florida, ent sistered office address: | er the name of the |
| Name of New Registered Agent: | | **** |
| | | |
| New Registered Office Address: | (Florida street address) | _ |
| | | Elorida |
| | (City) | _, Florida (Zip Code) |
| New Registered Agent's Signature, if chang | sing Pagistared Agents | |
| I hereby accept the appointment as registered position. | ed agent. I am familiar with and accep | or the obligations of the |
| | C: (C) D (C) | |
| | Signature of New Registered Agent, if cha | nging |

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)

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|--|----------------|
| PTSD | KRISTOPHER P LARSON | 1836 RIDGEWOOD ST. SARASOTA, FL 34231 | Add Remove |
| PTSD | Kristofer P Larson | 1836 RIDGEWOOD ST. SARASOTA, FL 34231 | ✓ Add ☐ Remove |
| | | | Add Remove |
| | dditional sheets. if necessary). (Be sp | | |
| | | | |
| provisi | mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A) | | |
| | | | |
| | | | |

| From: Kila Lars | on Fax: (888) 869-9627 | To: +13239624521 | Fax: +13239624521 | Page 9 of 9 02/25/2014 12:37 |
|-----------------|--|---------------------------------|--------------------------|---|
| 1 | he date of each amendment | t(s) adoption: <u>2/10/2014</u> | | |
| Ŧ. | ffective date <u>if applicable</u> : | (no more than 90 days af | ter amendment file dat | (e) |
| Δ | doption of Amendment(s) | (CHECK O | NE) | |
| Ç | The amendment(s) was/we by the shareholders was/w | | ders. The number of v | rotes cast for the amendment(s) |
| | The amendment(s) was/we must be separately provide | | | roups. The following statemer ly on the amendment(s): |
| | "The number of votes | cast for the amendment(s) | was/were sufficient fo | r approval |
| | by | (voling group) | | |
| [| The amendment(s) was/we action was not required. | ere adopted by the board of | directors without share | eholder action and shareholder |
| C | The amendment(s) was/we action was not required. | ere adopted by the incorpor | ators without sharehold | der action and shareholder |
| | Dated_2/25/ Signature | Kis Larson | | |
| | (By | a director, president or of | if in the hands of a rec | s or officers have not been civer, trustee, or other court |
| | | | Kristofer P Larson | |
| | | (Typed or pri | nted name of person s | gning) |
| | | | President | |
| | | (Title o | of person signing) | |