

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000068753 3)))



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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TOP HAT LIVE INC.

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	N: Top Hat Liv	ve Inc.	
DOCUMENT NUMBER: P140000863		P14000008638	
The enclosed Articles of Ame	<i>ndment</i> and fee a	re submitted for filing.	
Please return all corresponder	nce concerning thi	is matter to the following:	
		melda Vasquez	
	(Name o	of Contact Person)	
	Legalzoom.com, Inc. (Firm/ Company)		
	ζ	···· vopoyy	
		Broadway Suite 100 (Address)	
		endale, CA 91210 tate and Zip Code)	
For further information concer	rning this matter,	please call:	
lmelda Vasc		at (<u>323</u>) <u>962-860</u> (Area Code & Daytim	0 ×7950
(Name of Contact F		-	-
Enclosed is a check for the fol	lowing amount m	nade payable to the Florida De	partment of State:
	5 Filing Fee & icate 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		StreeAddress Amendment Section	
Division of Corporation	ons	Division of Corporations	1
P.O. Box 6327		Clifton Building	»· 1
Tallahassee, FL 32314		2661 Executive Center C Tallahassee, FL 32301	urcie

FILED

SECRETARY OF STATE
TALLAM SSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

14 MAR 21 PH 3: 38

	Hat Live Inc.		
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)	
	4000008638		
(Document Nu	mber of Corporation (if know	vn)	
rsuant to the provisions of section 607.10 flowing amendment(s) to its Articles of Inco		orida Profit Corpor	ration adopts th
If amending name, enter the new name	of the corporation:		
ne new name must be distinguishable incorporated" or the abbreviation "Corp.," To". A professional corporation names sociation," or the abbreviation "P.A."	""Inc.," or Co.," or the d	designation "Corp,"	"Inc," or
Enter new principal office address, if ap rincipal office address MUST BE A STREE			
			•
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(muting dauress MAT BE A 1031 OFF)	<u></u>		714
			
If amending the registered agent and/or		Florida, enter the	name of the
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent:	••		
New Registered Office Address:	(Florida street ac	idress)	
		, Flori	
	(City)	(Zi	p Code)
w Registered Agent's Signature, if changi nereby accept the appointment as registere sition.	i <mark>ng Registered Agent:</mark> d agent. I am familiar wi	th and accept the o	bligations of the
	Signature of New Registered	Agent, if changing	

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>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Aaron Wolfe	171 Enchanted Way Santa Rosa Beach, FL 32459	_ Ø Add _ □ Remove
			- □ Add
			_
			_
E. <u>If amer</u> (attach	nding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
F. If an a	nmendment provides for an exch	ange, reclassification, or cancellation of is dment if not contained in the amendment	sued shares,
(if	not applicable, indicate N/A)	ument is not contained in the amendment	itsett.

(Typed or printed name of person signing)

President (Title of person signing)