P14000019839

Office Use Only



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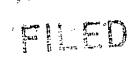
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Powers + Ristorce	lli Content Agency Inc				
DOCUMENT NUMB	ER: P14000019839.					
	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
	Anna Powers					
_		Name of Contact Person				
1	Powers + Ristorcelli Content	Agency				
_		Firm/ Company				
	612 E. Church Street	, ,				
_	Address					
·	Orlando, FL 32801					
_		City/ State and Zip Code				
info@e	orlandocontentmarketing.com	m				
	J	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call·				
	concerning was marrer, prom					
Sarah Ristorcelli		at (461-4368			
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	4c 550 22 PM 7: 61
(Name of Corporation as curre	
P14000019839.	SECRETARY OF STATE
(Document Number	r of Corporation (if known) ALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation;	
A. If amending name, enter the new name of the corporation:	
Orlando Content Marketing , Inc.	The new
name must be distinguishable and contain the word "corporal" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	612 E. Church Street
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Orlando, Florida
	Orlando, Florida 32801 Iddress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office ac	Orlando, Florida 32801 Iddress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	Orlando, Florida 32801 Iddress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	Orlando, Florida 32801 Iddress in Florida, enter the name of the ess:

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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	<u>uith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		-			
Add					
Remove					
4) Change		_	<u></u>		
Add					
Remove					
5) Change					
Add	-	_			
Remove					
					
6) Change		_			
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	

The date of each amendment(s) a	adoption:	, if other than the
date this document was signed.		
	6/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,"	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholde	г
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
2/16/2016 Dated		
Signature	Sarah Ristorcelle	
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour	Ĺ
appon	nted fiduciary by that fiduciary)	
	Sarah Ristorcelli	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	