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(C	ity/State/Zip/Phone #)	
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APR 16 2014
R. WHITE

COVER LETTER

'TO: Amendment Section Division of Corporations NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary Muglach Í VOX, Tnc.
Firm/ Company 14621 whittrialge Dr Address Winter Garden FL 34787 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Muglach at (407) 468-9642

Name of Contact Person Area Code & Daytime 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 & **□\$43.75** Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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	to	difficit	37 205	
•	Articles of Incorp	oration	14 122 11 PH	2: 33
	of		· , '	- W - O()
i√	OX. Inc.		MILANES ESTA	
(Name of Corporation as curren		da Dept. of State)		∘ (પ્ર ા ∂ફ્રો
PILI	00002694	3		
	per of Corporation (if kn			
arsuant to the provisions of section 607.1006, F Articles of Incorporation:	lorida Statutes, this Floa	rida Profit Corporation ac	lopts the following ame	ndment(s
. If amending name, enter the new name of t	he corporation:			
			The	new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	Corp," "Inc," or "Co' r the abbreviation "P.A	'. A professional corpord."	orated" or the abbreviation name must contain	ation
. Enter new principal office address, if appli principal office address <u>MUST BE A STREET</u>	cable: (ADDRESS)	14621 Whit Winter Garden	tridge Dr . FL 34787	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
. If amending the registered agent and/or re new registered agent and/or the new regist		in Florida, enter the nan	ne of the	
			•	
	(Florida street a	address)		
New Panistared Office Address		. Florida		
New Registered Office Address:	(City)	, гюпаа	(Zip Code)	
lew Registered Agent's Signature, if changing hereby accept the appointment as registered ag		and agains the ablication	s of the position	
иегену ассері те арроіпітені аз registered ag	eni. 1 am jamiliar with	ana accept the obtigation	s of the position.	

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)

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	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Gary F Muglach	912 Gazell Tr Winter Springs FL 32708
Permove 2) Change Add	<u>S</u>	Roger A. Ollan Keto	P.O. Box 691402 Orlando FL 32869
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

, , , , , , , , , , , , , , , , , , ,	icles, enter change(s) here: (Be specific)
	•
	
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If an amendment provides for an even	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
Chartenan Paulit, 1 dt 4 8045	_
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	:)
The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	T
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/10/14	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cour	+
appointed fiduciary by that fiduciary)	•
Gary F Muglach (Typed or printed name of person signing)	
(Typed or printed hame of person signing)	
President	
(Title of person signing)	

the