# P14DD0035994

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
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Amend

MAR 8 2017 I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Preferred Media Source Inc.					
DOCUMENT NUMBER: P14000035994					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jannice Laur Name of Contact Person					
Preferred Media Source Inc. Firm/Company					
2001 W. Sample Rd. Ste 420					
Pompano Beach, FL 33064 City/State and Zip Code					
JLaur Patlantie medie service com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (954) 204-5438  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\ \text{Certificate of Status} \text{S43.75 Filing Fee & Certificate of Status} \text{Certified Copy (Additional copy is enclosed)} Certified Copy (Addi					

#### **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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2017

JANNICE LAUR 2nd mailing PREFERRED MEDIA SOURCE INC 3745 BROADWAY - STE. 101 FORT MYERS, FL 33901

SUBJECT: PREFERRED MEDIA SOURCE INC

Ref. Number: P14000035994

We have received your document for PREFERRED MEDIA SOURCE INC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 317A00002278

TANA -7 PM 3: 25

17 MAR -7 PM 3: 25

DEPARTMENT OF STATE

DIVISION OF CENTURAL AND SECURE OF STATE



February 3, 2017

JANNICE LAUR PREFERRED MEDIA SOURCE INC 2001 W. SAMPLE ROAD - STE. 420 POMPANO BEACH, FL. 33064

SUBJECT: PREFERRED MEDIA SOURCE INC

Ref. Number: P14000035994

We have received your document for PREFERRED MEDIA SOURCE INC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit corporation. Please complete and return the enclosed blank form(s).

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Irene Albritton Regulatory Specialist II

Letter Number: 317A00002278

### Articles of Amendment

to

## Articles of Incorporation of

treferred media s	Source Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000035991	†
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Gword "chartered," "professional association," or the abbreviation "Gword".	"," "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> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pro Co
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
1	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	egistered 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	n Doe	
* X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	54	Anne Michele De	Trich 2001 W. Sample Rd.
X Add			Pompano Beach FL 3304
Remove		·	Hompano Beach FL 3304
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) ' Change			
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change	<del></del>		
Add			<del></del>
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated  Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
# Aline	

(Title of person signing)