

P14000037934

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(City/State/Zip/Phone #)

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2018 JAN 11 PM 4:04

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MegaFlash Models Inc.

DOCUMENT NUMBER: 2017 PI40000037934

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Winston Lipton

Name of Contact Person

MegaFlash Models Inc.

Firm/ Company

5230 Sapphire Valley

Address

Boca Raton, FL 33486

City/ State and Zip Code

clients@megaflashmodels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Winston Lipton

at ( 917 )

386-3470

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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

**Street Address**

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

2018 JAN 11 PM 4:00

Articles of Amendment  
to  
Articles of Incorporation  
of

2018 JAN 11 PM 4:00

MegaFlash Models Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

2017

P/4000037934

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

5230 Sapphire Valley

Boca Raton, FL 33486

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 27-2671

Boca Raton, FL 33427

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Winston Lipton

5230 Sapphire Valley

(Florida street address)

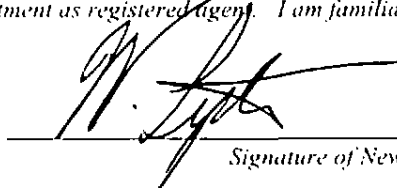
New Registered Office Address: Boca Raton, Florida 33486

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>PRES</u>	<u>Winston Lipton</u>	<u>PO Box 27-2671</u>
<u>      </u> Add			<u>Boca Raton, FL 33427</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>Secretary</u>	<u>Kurt Lipton</u>	<u>PO Box 27-2671</u>
<u>      </u> Add			<u>Boca Raton, FL 33427</u>
<u>      </u> Remove			
3) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
4) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
5) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>
6) <u>      </u> Change	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u> Add			<u>      </u>
<u>      </u> Remove			<u>      </u>

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

The 120 shares will be divided as stated: Winston Lipton, new President, will have 116 shares of MegaFlash Models Inc.

Kurt Lipton, new Secretary, will have 4 shares of MegaFlash Models Inc.

Any profits, losses, tax responsibilities, and debts will belong 100% to Winston Lipton, President.

In the event the President, Winston Lipton, becomes incapacitated or dies, all shares and responsibilities will transfer to Kurt Lipton, Secretary.

The changes will be effective January 1, 2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: January 1, 2017  
\_\_\_\_\_  
(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, this date will not be listed as the document's effective date on the Department of State's records.

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 statement must 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

12/21/2017  
Dated \_\_\_\_\_

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 court appointed fiduciary by that fiduciary)

Kurt Lipton

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**JURAT WITH AFFIANT STATEMENT**

Notary Public in and for the State of Texas, My Commission Expires January 27, 2019

State of Texas }  
County of Harris } ss.

- ☒ See Attached Document (Notary to cross out lines 1-7 below)  
☐ See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

\_\_\_\_\_  
Signature of Document Signer No. 1

\_\_\_\_\_  
Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me

this 21 day of December, 2017, by  
Date Month Year

Kurt Hipton  
Name of Signer No. 1



Place Notary Seal/Stamp Above

\_\_\_\_\_  
Name of Signer No. 2 (if any)

[Signature]  
Signature of Notary Public

exp: 01/27/2019

Any Other Required Information  
(Residence, Expiration Date, etc.)

**OPTIONAL**

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document

**Description of Attached Document**

Title or Type of Document: Articles of Amendment

Document Date: 12/21/2017 Number of Pages: 4

Signer(s) Other Than Named Above: \_\_\_\_\_