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ASO2. 11/21/14

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: IMOS & Clearing Play DOCUMENT NUMBER: P140000 4388/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sachanda Mikhell Name of Contact Person
Firm/Company (000 T CA K CREST CIR
Address OR lando H. 3200 City/ State and Zip Code
E-mail address: (to be used for future ashual report notification)
For further information concerning this matter, please call:
La Charda Mitchell at (321) 438-4244
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	F	ED.
(Name of Corporation as currently filed with the Florida D	ept. of State)	
IMOSE CREative Play I	ncs. 2014 NOV 14	PM 4:16
(Document Number of Corporation (if known)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation allows	上,FLURIDA ing amendment(s) to
A. If amending name, enter the new name of the corporation:	,	
Imose Cleative Play Presch	ial Inc.	The new
name must be distinguishable and contain the word 'corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A 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)		_
		
 -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(a		_
		_
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the	
•		
Name of New Registered Agent		
(Florida street addre	rel	
	•	
New Registered Office Address: (City)	, Florida (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	1.
	, , , , , , , , , , , , , , , , , , , ,	
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>7′</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add <u>S</u>	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			1
. D a			
4) Change		- Address of the second	
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			

ach <i>additional shee</i>	g additional Articlests, if necessary).	(Be specific)			
	 				
			,		
					
					
_					
n amendment pro	vides for an exchai	<u>ige, reclassificat</u>	tion, or cancella	ation of issued sh	ares,
if not applicable)		mient ii not con	tameu in the ai	nenument usen.	
(i) not approach	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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					u

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were adop	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated//	11/14	
Signature	asmen	
	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
-	Lachanda Mitchell	
	(Typed or printed name of person signing)	
-	Title of person signing)	