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SECRETARY OF STATE
TALLAHASSEE, FLORID,

AND FILED

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**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: Sandy MushTT Name of Contact Person Company
Firm/Company

2649 Clyco, Rd

Address

JGCK Son vi/le F1, 32207

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (909) 472-1253

Area Code & Daytime Telephone Number Sandy . MUShatt Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment**

to f Inc

of			
ICANDY MAGAZTNE TUC			
(Name of Corporation as currently filed with the Florida Dept. of State)			
- 1 A A			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ing amend	ment(s	s) to
A. If amending name, enter the new name of the corporation:			
	The r	ıew	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	abbreviat	ion	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
	TAL	14	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CRETA	AUG 2	~ 779
	VRY OF SSEE.	.6 PH	ATTU
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	STATE FLORID	3: t8	
new registered agent and/or the new registered office address:	·A	w	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:, Florida	<u>.</u>		
(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	<i>1</i> .		

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	VP	Silvester Borton	1728 Blue Due
Add			Jacksonville, Fl
2) Change	<u> </u>		
Remove			
3) Change	<u></u>		
Remove 4) Change			
Add	******		
Remove  5) Change			
Add			
Remove 6) Change			
Add			
Remove			

	If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)				
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	provides for an exci	nange, reciassificati	on, or cancellation o	ent itself:	
f an amendment p			ince in the attenual	tent Reent	
provisions for imp	thle, indicate N/A)				
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f an amendment provisions for important (if not applicate)	phementing the and				

The date of each amendment(s) add	pption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
	(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 suf	ited 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 for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	nted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated 8	21-2014	
(By a dir selected	21-2014  Sector, 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 and fiduciary by that fiduciary)	
_	Saver Myour	
	(Typed or printed name of person signing)	
_	(Typed or printed name of person signing)  (President) Sand Mural  (Title of person signing)	<del></del>
	(Title of person signing)	