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COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Media Depot INC DOCUMENT NUMBER: P14000 62997				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Allen Frost				
Media Depot INC				
1465/ RISCAINE BIVA Address				
North Migmi Beach F1 33181 City/ State and Zip Code				
SqleS@ Mediadepotine. com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Allen Frost at 954, 780-8758				
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:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) 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

is enclosed)

Articles of Amendment
to
Articles of Incorporation

Media Depot INC

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

D1400062997

(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:

Corp.," "Inc.," or \overline{Co} .," or the designation "(word "corporation," "company," or "incorporation," "Inc," or "Co". A professional corporation of "D. "."	
ord "chartered," "professional association," of Enter new principal office address, if applic	cable:	
Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>:</u> BOX)	
		
If amending the registered agent and/or registered agent and/or the new registered.	gistered office address in Florida, enter the name ered office address:	of the Post
	-	L Are
Name of New Registered Agent		
Name of New Registered Agent		TAR TASS
Name of New Registered Agent	(Florida street address)	TARY OF
Name of New Registered Agent New Registered Office Address:	(Florida street address)	FS 1
	(Florida street address)	TARY OF STATE HASSEE. FLORIDA
	(Florida street address), Florida (City)	FS 1

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 little 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) 1) Change Add Remove	Title Name P Briong Ferguson	Address 14651 BISCGYNE BIVO NOVYM MIGMI Beach, F1 33181
2) Change Add Remove	P GIN Moreau	14651 BISCAYNE B/Vd North Miami Beach, Fl 33181
Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

The date of each amendment(s) adoption: Medic depot INC 8/25/30/4, if other than the 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 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.
$\frac{08/25/20/4}{6}$
Signature (Jun MOrcau
(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)
GIN Moreau
(Typed or printed name of person signing)
(Typed or printed name of person signing) President
(Title of person signing)