

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350)617-6380

From:

Account Name : BALWANT CHEEMA PA

Account Number : 120140000096 Phone : (305) 698-1321

Fax Number

: (305) 675-8496

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MERCY@BALCPA.COM Email Address:

> COR AMND/RESTATE/CORRECT OR O/D RESIGN KUACK MEDIA GROUP CORP

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S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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TO: Amendment Section Division of Corporations	
NAMEOFCORPORATION: KUACK MEDIA GROUP CORP	
DOCUMENTNUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MERCEDES PEREZ	
(Name of Contact P	erson)
BALWANT CHEEMA PA	
(Firm/ Compan	y)
4160 WEST 16TH AVE SUITE 405	
(Address)	
HIALEAH, FL 33012	
(City/ State and Zip	Code)
MERCY@BALCPA.COM	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call:	
MERCEDES PEREZ	 305
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida I	Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section Arr Division of Corporations Di P.O. Box 6327 C1 Tallahassee, FL 32314 26	reet Address neridment Section vision of Corporations ifton Building 61 Executive Center Circle tllahassee, FL 32301

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Articles of Amendment

to

Articles of Incorporation

	of			
KUACK MEDIA GROUP CORP				
(Name of Corporation as curr	rently filed with	the Florida Dept. of State)		_
P14000082396				
(Document Nu	inber of Corpora	tion (if known)		
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	intes, this Florid	la Not For Profit Corporation adopts th	ne follow	ving
A. If amending name, enter the new name of the corpor	ration:			
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	pration" or "inc	orporated" or the abbreviation "Corp.	The r " or "In	
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>S</u>)		1	
				- 1
			- 13	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u></u> Σ	<u>:</u> 2
				3
			<u> </u>	ن: —ر
		[71:14 (C) 33	 ئ
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office	ffice address in	Florids, enter the name of the	>> .	4.
	e auditess.			
Name of New Registered Agent:		1		—
			_	
New Registered Office Address:		(Florida street address)		
		, Florida		
	(City)	(Zip Code)		_
New Registered Agent's Signature, if changing Register	ed Agent:			
I hereby accept the appointment as registered agent. I am		d accept the obligations of the position.		
	Signature of N	ew Registered Agent, if changing		
	Page 1 of 4			
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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:

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D \sim Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO \sim Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: XChange X Remove X Add	PT John I V Mike. SV Saliv S	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	<u>s</u>	MERCEDES PEREZ	4160 WEST 16TH AVE
X Add			SUITE 405
Remove			HIALEAH, FL 33012
2) Change	<u></u>		
Add			
Remove			
3)Change	<u></u>		
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove		Page 2 of 4	

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From; Mercy Perez

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	
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Page 3 of 4	
(((H170001915	46 3)))

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JULY 20, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days aft	er åmendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	ntory filing requirements, this 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 by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by(voting group)	,"
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without st action was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	holder action and shareholder
07/20/2017	
Dated)
Signature July U	
(By a director, president or other officer - if dir selected, by an incorporator - if in the hands of appointed fiduciary by that fiduciary)	
MERCEDES PEREZ	
(Typed or printed name of p	erson signing)
VICE PRESIDENT	
······	<u> </u>
(Title of person	signing)
Page 4 of 4	
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