P15000006120

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JIVISIUR OF LUMPUNACION

FILED SECRETARY OF STATE OTVISION OF CORPORATIONS

C.V.30/5

COVER LETTER

j.,

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: HUNTER C	MATHESON IN	NC		
DOCUMENT NUMBI	_{R:} <u>P1500000612</u>	0	·····		
	f Amendment and fee are sul				
Please return all corresp	ondence concerning this mat	ter to the following:			
ŀ	HUNTER C MAT	HESON			
-		Name of Contact Person	1		
i	HUNTER C MATHESON VIDEOGRAPHY INC				
_		Firm/ Company			
3	882 CANEEL BAY TERRACE				
_	Address				
	WINTER SPRINGS, FL 32708				
		City/ State and Zip Code	2		
hcxr	matheson@gmail	l.com			
		ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Hunter C Mat	heson	_{at (} 407	6947349		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. l	ng Address Indicate the second	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301		

Articles of Amendment to Articles of Incorporation of



HUNTER C MATHESON INC

15 JAN 29 PH 3: 38

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P15000006120	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Foits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HUNTER C MATHESON VIDEOGRAPHY	INC The new
name must be distinguishable and contain the word "corporation, "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registerea Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent (Florida stree New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	, Florida, Florida (Zip Code) th and accept the obligations of the position.

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove		·	
6) Change		•	
Add			
Remove			

ttach additional	dding additional Arti sheets, if necessary).	(Be specific)			
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	_ -		<u></u>		
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an amendmen	t provides for an excl	nange, reclassifica	tion, or cancellati	on of issued share	<u>s,</u>
orovisions for in	mplementing the ame cable, indicate N/A)	endment if not cor	itained in the amei	idment itself:	
(ц пог арра	zaote, maicate ivra)				
					
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	<u> </u>				
		100			

	1-26-15	FIL SECRETARY DIVISION OF C	106 24816	, if other than the
The date of each amendment (date this document was signed. Effective date if applicable:	1-26-15	15 JAN 29		, if other than the
Effective date il applicable:	(no more than 9	0 days ufter amendment fi	le date)	_
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The re sufficient for approval.	e number of votes cast for	the amendment(s)	
	e approved by the shareholders three approved by the shareholders three approved to			
"The number of votes	cast for the amendment(s) was/we	re sufficient for approval		
by	(voting group)	,,,,		
The amendment(s) was/were action was not required.	e adopted by the board of directors	without shareholder actio	n and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators with	nout shareholder action and	d shareholder	
Dated 1-26	-15 // / /			
se	y a director, president or other offilected, by an incorporator – if in the pointed fiduciary by that fiduciary	e hands of a receiver, trus		
	HUNTER C MATHES	ON		
	(Typed or	printed name of person sig	ning)	
	PRESIDENT			
	(T	itle of person signing)		