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15 JUL 13 PH 3: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 1 5 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Image Developmen	nt 	
DOCUMENT NUME	D15000012441	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this man	tter to the following:	
	Laurie Leppo		
		Name of Contact Person	1
	Nicolas Leppo Tax & Accoun	nting	
		Firm/ Company	
	3411 Tamiami Trail North St	•	
		Address	
	Naples, FL 34103		
		City/ State and Zip Code	
	E-mail address: (to be us		notification)
For further informatio	n concerning this matter, pleas	se call;	
Laurie Leppo		at (²³⁹	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



to

mage bevelopment INC.	15 JUL 13 PH 3: 57
(Name of Corporation as currently	filed with the Florida Dept. of State
P15000013441	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". 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	
Name of New Registered Agent	
(Florida str	eei address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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 <math>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>y</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	P	Roger Elkaim	28 Route de Vence
Add X Remove			Tourettes-sur-Loup FR 06140
2) Change X Add	P	Gerard Elkaim	28 Roure de Vence Tourette-sur-Loup
Remove 3) Change Add			FR 0(0140
Remove 4)ChangeAddRemove			SECRETARY OF STATE ALLIANASSEE, I LORIDA 15 JUL 13 PH 3: 57
5) Change Add Remove			JA .
6) Change Add Remove			

If amending or adding additional Articles, (Attach additional sheets. if necessary). (Be	specific)		
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If an amendment provides for an exchange	, reclassification, or cancellation of issued shares,	S	<u> </u>
(if not applicable, indicate N/A)	nt if not contained in the amendment itself:	7	ρĀ
(ij not applicable, malcale WA)			

June 30, 2015	, if other than
The date of each amendment(s) adoption:	, it other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will locument's effective date on the Department of State's records.	not be listed as
Adoption of Amendment(s) (CHECK ONE)	
I 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.	SE
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	RETARN AHASSI
Dated une 30, 2015	
Signature Depo	STATE
(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)	— ≽
Laurence Leppo	
(Typed or printed name of person signing)	
Representative	

(Title of person signing)