P15000017863

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COVER LETTER

O: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CSMG Cor	p.					
DOCUMENT NUM	_{BER:} P1500001786	3					
	s of Amendment and fee are su		·				
Please return all corre	espondence concerning this ma	tter to the following:	·				
	Mairi Gair						
	Name of Contact Person						
	SDCooper Company						
٠	Firm/ Company						
18141 Beach Blvd., Suite 300							
	Address						
	Huntington Beach	h, CA 92648					
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e				
ca	arland99@gmail.c	om					
<u> </u>		sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
Kenneth Greer		at (714	842-1212				
Name of Contact Person			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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

FILED

to

CSMG Corp.	note HAR -2 PH 4.5
(Name of Corporation as currently filed w	vith the Florida Dept. of State) SEE. FLORIDA
P15000017863	A CONTRACTOR OF THE STATE OF TH
(Document Number of Corp	oration (if known)
tursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendm
. If amending name, enter the new name of the corpor	ration:
	The ne
ord "chartered," "professional association," or the abbro- Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	
•	•
E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	590 Appleton Place
	Oviedo, FL 32765
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
	Florida street address), Florida (City) (Zip Code)

Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/dit = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or D if necess rector tite President Chief in Directe in the fo ves the c	Director be sary) le by the fit t; T= Trea Financial (or would b llowing me corporation	ring added: rst letter of the office title: surer; S= Secretary; D= Director; TR= Officer. If an officer/director holds mor e PTD. anner. Currently John Doe is listed as the sally Smith is named the V and S. Thes	er/director being removed and title, name Trustee; $C = Chairman \text{ or } Clerk; CEO = Chairman \text{ or } Clerk; CEO = Chairman \text{ or } Clerk; CEO = Chairman \text{ one } Clerk; CEO = Chairman \text{ one } Clerk; CEO = Chairman \text{ or } Clerk; CEO = Chairma$	Chief office ere is
X Change	<u>PT</u>	John Do	2		/
· X Remove	<u>V</u>	Mike Jor	nes		
X Add	<u>SV</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			

_ Remove

ttach <i>additional sheets</i>	, if necessary). (Be	specific)			
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an amendment provi	des for an exchange.	. reclassification.	or cancellation of i	issued shares.	
rovisions for implem	enting the amendme	nt if not containe	d in the amendme	nt itself:	
(if not applicable, i	ndicate N/A)				
					
					. <u>-</u>
			· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad date this document was signed.	oʻption:	, if other than the
Effective date if applicable:	(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	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 f	for the amendment(s) was/were sufficient for approval	
by	,,,	
·	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
{Dated} February	27, 2015	
Signature	Way-	
(By a dir	rector, 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	_
	ed fiduciary by that fiduciary)	
:	Steven D. Cooper	
-	(Typed or printed name of person signing)	
I	Incorporator	
_	(Title of person signing)	_