## P150000 50575

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015 JUL -6 AMII: 28

JUL 1 0 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMART LOCAL,	Inc.					
DOCUMENT NUMBER: P15000050575						
The enclosed Articles of Amendment and fee are suf	bmitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Cassandra Bower						
	Name of Contact Persor	1				
SMART LOCAL, Inc.						
	Firm/ Company					
6102 S. MacDill Ave. Ste. G	6102 S. MacDill Ave. Ste. G					
	Address					
Tampa, FL 33611						
	City/ State and Zip Code	>				
cassandra@smartlocal.co						
E-mail address: (to be us	ed for future annual report	notification)				
For further information concerning this matter, please	e call:					
Cassandra Bower	at (	902-9000				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 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)				
Malling 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

## Articles of Amendment to Articles of Incorporation of

SMART LOCAL, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	_
P15000050575		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	'lorida Profit Corporation adopts the following	ng amendment(s) to
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 "Covord "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must	bbreviation
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)		2015 JUL -6
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:		AHII: 28
Name of New Registered Agent		•••
		_
(Florida stre	et 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 w	ith and accept the obligations of the position.	
Signature of New Re	roistered Agent if changing	<del></del>

## 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	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sy</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1)Change	D	Morgan K. Abdallal	h	21917 Waverly Shores Lane
X Add				Land O' Lakes, FL 34637
Remove				
2) Change	<del></del>	**************************************		and desired association and association association and association association and association and association and association and association and associatio
Add				
Remove				
3)Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				weather the second seco
4)Change			····	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			<del></del>	
Add				
Remove				

It amending or a (Attach additiona	adding additional Art l sheets, if necessary).	(Be specific)	ge(s) here:			
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provisions for i	it provides for an exc implementing the am	hange, reclassifice	cation, or cancell	ation of issued s	hares.	
(if not appli	icable, indicate N/A)			***************************************		
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<del> </del>			**************************************			ч
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
	/26/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 90 days after amenament fite date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
action was not required.  The amendment(s) was/were	adopted by the board of directors without shareholder action and shareholder action and shareholder determined by the incorporators without shareholder action and shareholder	
action was not required.		
06/26/20	)15	
DatedSignature	OBows	
(By a selec	a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or oth binted fiduciary by that fiduciary)	
	Cassandra Bower	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Secretary	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·