P15000065631

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Moxie Motion Pic	tures Inc	
DOCUMENT NUM	P15000065631		
The enclosed Article.	s of Amendment and fee are su	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Michael Zoyes		
		Name of Contact Perso	п
	CEC Inc		
		Firm/ Company	
	5837 NW Bates Ave	,,,,,,,	
		Address	
	Port St Lucie Florida, 34986		
		City/ State and Zip Cod	e
mzo	yes@yahoo.com		
		sed for future annual report	notification)
		- · · · · · · · · · · · · · · · · · · ·	,
For further information	on concerning this matter, pleas	se call:	
Michael Zoyes		954 at {	588-7205
Name			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		Street	Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Moxie Motion Pictures Inc.	
(Name of Corporati	on as currently filed with the Florida Dept. of State)
P15000065631	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
Atlas Technology Group Inc.	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	<u> </u>
(Principal office address MUST BE A STREET ADD	DRESS)
C. Enter new mailing address, if applicable:	200 E T
(Mailing address MAY BE A POST OFFICE BO	<u>x</u>
	7. 7. T
D. If amending the registered agent and/or register	بن جريد و affice address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	موت
name of these negativered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Nam Desirtaned Assetts Signature of shoreing Desir	internal America
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	,
Signe	ature of New 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 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>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Gary D Lopez	1391 St Lucie West Blvd #244
Add			Port St. Lucie Fl. 34986
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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· · · · · · · · · · · · · · · · · · ·		
		
·		
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and and in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoptio date this document was signed.	n:	, if other than the
Ţ.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will ent of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement 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 baction was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
Dated	DM	
(By a director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	····
Cortn	cy Morris	
	(Typed or printed name of person signing)	
Secre	etary, Director	
	(Title of person signing)	