PIS000087710

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #	(f)	
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C. CARROTHERS

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: MD MEDIA & ENTERTAINMENT INC.			
DOCUMENT NUMBER: P150000877	710		
The enclosed Articles of Amendment and fee are sub	bmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
JASON CHRIS	TENSEN		
	Name of Contact Persor		
MD MEDIA & E	NTERTAINN	IENT INC.	
	Firm/ Company		
1007 N FEDER	RAL HWY STE	= 352	
	Address	•	
FT LAUDERDA	ALE, FL 33304	4	
	City/ State and Zip Code		
jchristen81@me.c	om		
-	ed for future annual report	notification)	
For further information concerning this matter, please	e call:		
JASON CHRISTENSEN	at (906	3620581	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$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

TO: Amendment Section

Amendment Section
Division of Corporations

Street Address

Amendment Section
Division of Corporations

Articles of Amendment to Articles of Incorporation of

MD MEDIA & ENTERTAINMEN	NT INC.	
	filed with the Florida Dept. of State)	
P15000087710		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following at	nendment(s) to
A. If amending name, enter the new name of the	corporation:	
NOT APPLICABLE		ie new
	ord "corporation," "company," or "incorporated" or the abbrep," "Inc," or "Co". A professional corporation name must contend abbreviation "P.A."	eviation tain the
B. Enter new principal office address, if applicab	le: 1007 N FEDERAL HWY	
(Principal office address <u>MUST BE A STREET AL</u>		24 PH
	FT LAUDERDALE, FL 33304	်
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1007 N FEDERAL HWY	က ဟ
	STE 352	
	FT LAUDERDALE, FL 33304	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of the doffice address:	
Name of New Registered Agent REC	SISTERED AGENTS INC.	
3030	N. Rocky Point Dr, STE 150	
	(Florida street address)	
New Registered Office Address: Tam	npa, Florida_ 33607	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Relatives in the appointment as registered agent. Signature of the second	egistered Agent: I am familiar with and accept the obligations of the position. Bill Havre/Assistant Secretive Registered Agents Secretive Registered Agents Secretive Registered Agents Secretive Registered Agents Secre	etary

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)

Example:

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.

X Change	PT	John Doo	2			
X Remove	<u>v</u>	Mike Jor	nes			
X Add	<u>sv</u>	Sally Sm	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change	S		DAVID L CROWDER	4050 NE 12TH TERRACE		
Add				UNIT 7		
Remove				Oakland Park, FL 33334		
2) Change	PST	_	JASON CHRISTENSEN	1007 N FEDERAL HWY		
Add				STE 352		
Remove				Ft Lauderdale, FL 33304		
3) Change						
Add						
Remove						
4) Change		<u>. </u>				
Add				*** - 1***		
Remove						
5) Change						
Add						
				-		

a	
	
	
	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
la	
	

The date of each amendment(s) adoption: 01/07/2016	, if other than th
date this document was signed.	
Effective date if applicable: 01/07/2016	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/21/2016	
Signature Signature	\supset
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
JASON CHRISTENSEN	
(Typed or printed name of person signing)	
PRESIDENT / INCORPORATOR	
(Title of person signing)	