## P15000102093

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SEP 13 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations		2 2
NAME OF CORPORATION:OC	Play Inc.	ATSEP-5 M. 9.23
DOCUMENT NUMBER: P1500	0102093	<b>い</b>
The enclosed Articles of Amendment and fee are	submitted for filing.	<b>1</b>
Please return all correspondence concerning this r	natter to the following:	23
Ka	Ahryn Castellucci	
	Name of Contact Person	
	loice Play Inc.	
	Firm/ Company	
	Box 4125	
() <sub>1</sub> ,,	Her Park, FL 32793	
	City/ State and Zip Code	
Kat	hv@ The Voice Play. com	
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, pl	ase call:	
Name of Contact Person	·	
	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:	
☑ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, F1, 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

dment(s) to

its Articles of Incorporation:	forida Statutes, this <i>Ftorida Frofit Corporation</i> adopts the following amendm
A. If amending name, enter the new name of	 the corporation:
	77
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," or	The new word "corporation," "company," or "incorporated" or the abbreviation or "Inc." or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC)	<i>E BOX</i> )
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) Florida(Zip Code)
New Registered Agent's Signature, if changing	
i nereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the position,
	Signature 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 latter 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 Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Salty 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.

Mike Jones, v as Kemov	v, ana sa	uy Smun, Sv as	Nan Ada. 	
Example: <u>X</u> Change	<u>PT</u>	John Dog		
$\underline{X}$ Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>N</u> an	 ne 	<u>Addres</u> s
1) Change			larry Jacobson	9055 Floribunda Di Orlando, FL 32818
X Add			,	Orlando, FL 32818
Remove				
2) Change				<del></del>
Add				
Remove				
3.) Change				
Add				
Remove				
4) Change		<del></del>		
Add				<del></del>
Remove				
5) Change				
Add				
Remove				
6) Change				<del></del>
Add				
Remove				

E. <u>If amending or adding additional Articles, c</u>	nter change(s) here:
(Attach additional sheets, if necessary). (Be's	pecific)
·	
<u></u>	
provisions for implementing the amendmen	reclassification, or cancellation of issued shares, t if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1	

The date of each amendment(s) adoption:	if other than the
date this document was signed.  Effective date if applicable:	9/1/17
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CHI	   <u> </u>
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes east for the amendment(s) proval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting :	 shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s); 
"The number of votes cast for the amend	 Iment(s) was/were sufficient for approval 
by	<u>.</u>
(voti	ng group)
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder
Dated9/	
Signature / Lean	Il ( STATION)
(By a director, presid	Ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
appointed fiduciary	
	Leoffrey Castellucci
(1)	Uped or printed pame of person signing)
	President
	(Title of person signing)