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COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPOR	ATION: TALK ACTIVE C	CORP
DOCUMENT NUMB		
The enclosed Articles of	f Amendment and fee are so	ubmitted for filing.
Please return all corresp	ondence concerning this ma	atter to the following:
		ANGELA MACK
_	<u> </u>	Name of Contact Person
	TAX AC	CCOUNTING & FINANCIAL SPECIALISTS LLC
_		
	2^	Firm/ Company 295 S HIAWASSEE RD STE 407F
_		
		Address
_		ORLANDO, FL 32835
		City/ State and Zip Code
	AD!	MIN@CREATRIXOFFICES.COM
	E-mail address: (to be us	sed for future annual report notification)
For further information	concerning this matter, pleas	se call:
ANGELA MACK		at (at ()
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for t	the following amount made	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 enclosed) (Additional Copy is enclosed)
Amen Division P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

TALK ACTIVE CORP

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

P16000003415

(Document Number of Corporation (if known)

its Articles of Incorporation:		Florida Profit Corporation adopts the following	ig amendment(s
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or		The new abbreviation contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		6900 S ORANGE BLOSSOM TRL STELO) <u>?.</u> ==
<u> </u>		ORLANDO, FL 32809-5745	B. -n
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	TAX ACCOUNTING &	FINANCIAL SPECIALISTS LLC	8: 30
	(Florida si	reet address)	_
New Registered Office Address:	2295 S. HIAWASSE RD	STE 407C , ORLANDO 32835	
New Registered Office Address.			Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regis	iered agent. I am familiar	t: with and accept the obligations of the position. LIJEK 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)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	FLAVIA TORG	QUATO PIRES	6900 S ORANGE BLOSSOM TRE
X Add				STE 102 ORLANDO, FL 32809
Remove				
2) X Change	Р	JEAN B MON	TEIRO	6900 S ORANGE BLOSSOM TRI
Add				STE 102 ORLANDO. FL 32809
Remove				
3) Change				
Add				
Remove				
4) Change			. .	
Add				
Remove				
5) Change				<u> </u>
Add				
Remove				
6) Change				
, Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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)
N/A

The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date we sartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved 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 for	or the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	eted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	sted by the incorporators without shareholder action and shareholder	
Dated 12/12	12018	
selected.	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	JEAN B MONTEIRO	
_	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	

. . .