P1600007456

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SECRETARY OF STATE
ANASSEE, FLORIDA

FEB 2 5 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR		ROCKS INC.		
DOCUMENT NUMB	ER: P16000007456			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
,	Anthony DeCresie (Registe	ered Agent)		
-	Name of Contact Person			
-		Firm/ Company		
:	2424 Arborwood Dr.			
-		Address		
•	Valrico, Fl 33596			
-		City/ State and Zip Code	¢	
tony@	commerciallendingpros.ca	om		
	- -	sed for future annual report	notification)	
Ear famhar information	concerning this matter, pleas	e call·		
ror further information	concerning this matter, preas			
Anthony DeCresie		at (813	833-3132	
Name o	f 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	☐\$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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIEE BY DESIGN BOO	VC INC

	of Corporation as curren	tly filed with the Florida Dept. of	<u>State</u>)
P16000007456			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopt	ts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new 🗠
name must be distinguishable and con	tain the word "corporati	on," "company," or "incorporat	ed" or the abbreviation
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa			्र । । ।
word enuriered, projessional associa	non, or me aboversation	N/A	TAY
B. Enter new principal office address,		N/A	<u> </u>
(Principal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u>)		er PH
			₩ .
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable:	N/A	
(Mutting dutiess MAT BE A FOST)	OFFICE BUX)		
D. If amending the registered agent an			of the
new registered agent and/or the nev	v registered office addre	<u>ss:</u>	
Name of New Registered Agent	N/A		
Nume of New Registered Agent			
	····		
	(Florida s	treet address)	
New Registered Office Address:	N/A	. FI	orida
		(Ciry)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist			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 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>	Address
1) Change	T,D	Corazon M O'Leary	16037 Delia Court
X Add			Spring Hill, FL 34610
Remove			
2) Change	D	Elizabeth O'Leary	16037 Delia Court
XAdd			Spring Hill, FL 34610
Remove			
3) Change	<u>D</u>	Mathew Noble	768 Lago Drive
X Add			#302
Remove			Cape Canaveral, FL 32920
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
if an amandment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective dute if applicable:	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voung group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shapeled action and sharely action was not required.	nolder
Dated 2/17/16	
Tailed	
Signature	
(By a director, president of other officer – if directors or officers have	
selected, by an incorporator - if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	nner court
Matthew Noble	
(Typed or printed name of person signing)	
President	
(Title of person signing)	