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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Mandalay M	Marketing & Distribution Corporat	tion
DOCUMENT NUMBER: P16000030454		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Cynthia Harris-Lofqui	ist	
 	Name of Contact Person	n
Mandalay Marketing &	& Distribution Corporation	
	Firm/ Company	
21346 Saint Andrews	Blvd. Suite 310	
	Address	
Boca Raton, FL 33433	3	
	City/ State and Zip Cod	e
jlofquist@inspirion2.com		
E-mail address: (t	o be used for future annual report	notification)
For further information concerning this matte	r, please call:	
Cynthia Harris-Lofquist	at (561	409-0903
Name of Contact Person		
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

FILED

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Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE MILLAHASSEE FLAMBA

Mandalay Marketing & Distribution Corporation

(Name of Corporation	ion as currently filed with the Florida Dept. of State)
P16000030454	on as currently med with the Florida Dept. or State
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis 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:
Mandalay Media Group, Inc.	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Posistanad Office Address	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	John	Lofquist
Add			
Remove			
2) Change	****		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	+		
Add			
Remove			
5) Change			
, Add			
Remove			
			
6) Change			
Add			
Remove			

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

The date of each amendment date this document was signed		, if other than the
-	April 4, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendrere sufficient for approval.	ment(s)
	e approved by the shareholders through voting groups. The following st d 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)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and share	
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and sharehold	ler
April Dated	8, 2016	
Signature	Cynthin Harris-Lofquist	
Sc	y director, president or other officer — if directors or officers have not lected, by an incorporator — if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
	Cynthia Harris-Lofquist	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .