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Division of Corporations NAME OF CORPORATION: CS Media Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Craig Schnuer Name of Contact Person CS Media Inc Firm/ Company 11171 Heron Bay Blvd Address Coral Springs, FL 33076 City/ State and Zip Code craig@myacc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Craig Schnuer Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment Articles of Incorporation of

CS MEDIA INC

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

P10	¹⁰⁰ 0035449
(Document	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
C5 Media Inc	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered	d office address in Florida enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
<u>`</u>	
Non-Post town I town of City of the Indian	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the supposition of the suppo	tered Agent: am familiar with and accept the obligations of the position.
5	

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sm	nith_			
Type of Action (Check One)	Title		Name	Address		
1) Change		_				
Add						
Remove				· · · · · · · · · · · · · · · · · · ·		
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

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

	04/19/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•	19/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
04/25/201 Dated Signature	6 MMNN	
(By a	director, president or other officer - if directors or officers have not bee	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appoi	nted fiduciary by that fiduciary)	
	Craig Schnuer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	