01600056678

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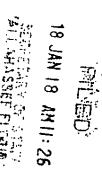
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SECRETARY OF STATE
FALLARIASSEE FLORINA

Kunga Kuraga



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DVERSITI MEDIA	A, INC.	
DOCUMENT NUMB	P16000056678		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
ĭ	WILENE DOZIER		
_		Name of Contact Persor	1
I	OVERSITI MEDIA, INC.		
_		Firm/ Company	
1	1720 W ŞTH ST.		
_		Address	
J	ACKSONVILLE, FL. 3220)	
-	12'11	City/ State and Zip Code	e
WII FI	NEDOZIER@GMAIL.COM		
	-	sed for future annual report	notification)
	E-man address. (to be us	sed for fatare annual report	nonneuron,
For further information	concerning this matter, pleas	se call:	
WILENE DOZIER		904 at (4156412
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

DVERSITI MEDIA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000056678 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DVERSITI INDUSTRIES, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1720 W. 5TH ST. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE, FL. 32209 C. Enter new mailing address, if applicable: 1720 W. 5T ST. (Mailing address MAY BE A POST OFFICE BOX) JACKSONVILLE, FL. 32209 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 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)

Example:

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 Doo	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Joi	nes	
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				
l) Change		_		
Add				
Remove				
) Change		_		
Add				
Remove				
) Change		_		
Ađd				
Remove				

If amending or adding adding adding additional sheets, if	Bitional Articles, enter chance necessary). (Be specific)	ngc(s) here:		
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16		fination or cancallatio	n of icenad chares	
navisions for implamen	s for an exchange, reclassi ting the amendment if not	contained in the amen	dment itself:	
(if not applicable, inc	ficate N/A)	contained in the anies	<u> </u>	
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		·-··		
				
				
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The date of each amendment(s) adoption: Uan hary 15, 208, if other than the
ate, this document was signed.
Iffective date 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 requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.
Dated $1/8/30/8$
Signature Deve Oyler
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
CEO
(Title of person signing)