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(((H170002311903)))



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To:		
	Division of Co	
	Fax Number	: (850)617-6380
From:		
	Account Name	: ACCOUNT BOOKKEEPING CORP
	Account Number	r : 120120000055
	Phone	: (407)898-1757
	Fax Number	: (407)897-5336
		≥ ₹
**Enter	the email acces	ss for this business entity to be used for future
		ings. Enter only one email address please.**
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STUDIO CAPTURING LIVES CORP

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H170002311903

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: STUDIO CAPTUR	RING LIVES CORP	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	LAILLA OLIVEIRA		
		Name of Contact Person	n
	ACCOUNT BOOKKEEPING	G CORP	
		Firm/ Company	
	5301 CONROY RD STE 140)	
		Address	
	ORLANDO, FL 32811		
		City/ State and Zip Coo	le
SUP	PORT@ABKCORP.COM		
		sed for future annual repor	t notification)
	Diama address. (10 00 as	ou for taring initial repor	and it can be a second
For further information	on concerning this matter, pleas	se call:	
LAILLA OLIVEIRA		at (733-1691
Name	of Contact Person	Arca Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	endment Section		dment Section
	rision of Corporations D. Box 6327		on of Corporations a Building
	labassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment

to

Articles of Incorporation

αf

STUDIO CAPTURING LIVES CORP

(Name of Compositi	on as currently filed with the Florida Dept. of State)
(Name of Corporati	P16000061342
(Docun	nent Number of Corporation (if known)
·	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
	ALE CHARLES
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	NASS
 If amending the registered agent and/or register new registered agent and/or the new registered 	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida strees address)
No. Destroy J. Office Address	•
New Registered Office Address:	(City) Florida(Zip Code)
New Registered Agent's Signature, if changing Res	vistered Avent:
	I am familiar with and accept the obligations of the position.
Sign	sature of New Registered Agent, if changing

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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 Clark; 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	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	CEO	MOISES FONTOURA MACEDO	2865 CAYMAN WAY
X Add			ORLANDO, FL 32812
Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add			
Remove			

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If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block does not meet the applicable statutory filing requirems document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"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 action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	veholder
Dated 08 - 24 - 2017	
Signature	
(By a director president or other officer - if directors or officers have selected, by an incorporator - if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
VIVIAN CRISTINA A	NATHIAS
(Typed or printed name of person signing)	
PRESIDENT.	

(Title of person signing)