P16000094298

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



800296255408

03/13/17--01008--030 **43.75



Anundcc

MAR 15 2017 I ALBRITTU::

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: N/A DOCUMENT NUMBER: N/A The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Czaplicki Name of Contact Person VP / ReflectLive Inc. Firm/ Company 950 Malabar RD SW Suite 110807 Address Palm Bay FL 32911 City/ State and Zip Code czaplicki5@netzero.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christopher Czaplicki 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 is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

REFLECTLIVE INC.		100 T
(Name of Corporation as	currently filed with the Florida Dept. of State)	1900 B
P16000094298		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the foll	lowing amendm
A. If amending name, enter the new name of the corpor	ation;	***/
N/A		The nev
name must be distinguishable and contain the word "co" ("Corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbre	nc," or "Co". A professional corp <u>ora</u> tion name i	he abbreviation
B. Enter new principal office address, if applicable:	950 Malabar RD SW	
(Principal office address MUST BE A STREET ADDRES	Suite 110807	
	Palm Bay, FL 32911	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	950 Malabar RD SW	
	Suite 110807	
	Palm Bay, FL 32911	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent N/A		
Nume of New Registered Agent		
	Florida street address)	
N/A	Placia N/A	4
New Registered Office Address:	(City), Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the posi	tion.
		•
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> Jo	ohn Doe		
X Remove	<u>v</u> <u>M</u>	<u> 1ike Jones</u>		
X Add	<u>SV</u> Si	ally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) X Change	P, D, T	Andrea Czaplicki	950 Malabar RD SW	_
Add			Suite 110807	
Remove			Palm Bay FL 32911	
2) X Change	V, D, S	Christopher Czaplicki	950 Malabar RD SW	
Add			Suite 110807	
Remove			Palm Bay FL 32911	
3) N/A Change	N/A	N/A	N/A	
Add				
Remove				
4) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				_
Kemove				_
6) Change				
Add			<u> </u>	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article II - The Principle Place of business address is being changed to:
950 Malabar Rd SW Suite 110807 Palm Bay, FL. US 32911
Article II - The mailing address of the corporation is being changed to:
950 Malabar RD SW Suite 110807 Palm Bay, FL. US 32911
Article VII - The Initial officers(s) and/or director(s) of the corporation is being replaced (address change) as follows:
Title: P, T, D
Andrea Czaplicki
950 Malabar RD SW Suite 110807
Palm Bay, FL. 32911 US
Title; V, S, D
Christopher Czaplicki
950 Malabar RD SW Suite 110807
Palm Bay, FL. 32911 US
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

	N/A		
The date of each amendment(s	adoption:	, if	other than the
date this document was signed.			
Effective date <u>if applicable</u> :	1/2017		
Enective date in applicable.	(no more than 90 days a	ifter amendment file date)	
Note: If the date inserted in the document's effective date on the		tutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number sufficient for approval.	r of votes cast for the amendment(s)	
	approved by the shareholders through vot for each voting group entitled to vote sep		
"The number of votes ca	st for the amendment(s) was/were suffici	ent for approval	
by	(voting group)	>>	
	(voting group)		
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shar	reholder action and shareholder	
1/1/20	7		
Dated			
Signature	Mat		
	director, president or other officer - if o		
	eted, by an incorporator - if in the hands	of a receiver, trustee, or other court	
app	inted fiduciary by that fiduciary)		
	Christopher A. Czaplicki		
	(Typed or printed name of	person signing)	
	Vice President		
	(Title of nerso	n signing)	