Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Di Fa	vision of Corporations x Number : (850)617-6380	[27 A

From:

ACCOUNT Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLG

Account Number : 120160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Support @larsonocc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ORLANDO PARKS TICKETS INC.

7 BCT 27 BM 1: 01

PERSON OF CARE OF BOARDA

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Amend

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Articles of Amendment to

	Articles of Amendment to Articles of Incorporation of			Palled	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ORLANDO PARKS TICKETS I	NC.				7 (W
	Name of Corporation as currently	filed with the Florida Dept.	of State)	- B	
P17000008428					ِ ب
	(Document Number of Corporation (if known)			0	
Pursuant to the provisions of sectifies Articles of Incorporation:	don 607.1006, Florida Statutes, this F	lorida Profit Corporation add	opts the following a	ımendment(ı	s) to
A. If amending name, enter the	new name of the corporation:				
N/A			7	he new	
"Corp.," "Inc.," or Co.," or th	and contain the word "corporation, e designation "Corp," "Inc," or "C association," or the abbreviation "P	o". A professional corporal	rated" or the abbi	reviation	
B. Enter new principal office s	ddress, if annlicable:	7901 KINGSPOINTE PKW	VY STE 17		
(Principal office oddress MUST		ORLANDO, FL 32819			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 KINGSPOINTE PKW ORLANDO, FL 32819	VY STE 17		
D. If amending the registered and/o	agent and/or registered office addre r the new registered office address:				
Name of New Registered	d Agent LARSON ACCOUNTING	& CONSULTING SERVICE	S, LLC		
	7901 KINGSPOINTE PKW	YY STE 17			
	(Florida stree	et address)			
New Registered Office A	ORLANDO		Florida 32819		
HEN HERMIGER SHIPE		City)	(Zip Co	de)	
New Registered Agent's Signat I hereby accept the appointment	ture, if changing Registered Agent: as registered agent. I am familiar wi	ith and accept the obligations	: of the position.		
-	Signature of New Registered Agent, if changing				

address of each Officer a (Attach additional sheets, Please note the officer/dir. P = President; V = Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear	ange PT John Doe				
X Add	<u>s</u> y	Sally Smith	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address		
l) Change					
Add					
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(Title of person signing)