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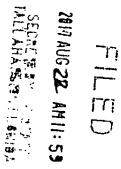
(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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AUG 25 2017
I ALBRITTON

COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Terrace Tt Lowlera City/ State and Zip Code For further information concerning this matter, please call: Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fcc & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Conv is enclosed)

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

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation

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n	1

White Songs, I	ation as currently filed with the Florida Dept. of State)
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florings Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
1. If amending name, enter the new name of the	corporation:
	The new ord "corporation," "company," or "incorporated" or the abbreviation rm," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter <u>new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	TALL ANG 22 THAT SECRE BANG 22 THAT SECRE BANG 23 THAT SECRE BANG 23 THAT SECRE BANG 25 THAT SECRET BANG 25 THA
new registered agent and/or the new registered	d office address in Florida, enter the name of the F
Name of New Registered Agent	
	(Florida strees address)
New Registered Office Address:	(Cin), Florida (Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accent the obligations of the position
Sia	gnature of New Revistered Avent, 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 Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the cornoration, Sally Smith is named the V and S. These should be noted as John Doc. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	+ Peter White	1331 NEILO TENACE
Add Add		77-WWWW 3333
Remove		
2) Change		
Add		
Remove		
3)Change		- · ·
Add		· · · · · · · · · · · · · · · · · · ·
_ Remove		
4) Change		
_ Add		
Remove		·
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	(Re specific)
	·- ·- ·· ·- · · ·
	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	

be date of each amendment(s)	edontion:	08/15	2017		, if other than th
ate this document was signed.			1		,
ffective date if applicable:	•				
		(no more than 9	0 days after amen	dment file date)	
ote: If the date inserted in this ocument's effective date on the I			able statutory fili	ng requirements, this de	ate will not be listed as th
doption of Amendment(s)	(<u>C</u> H	ECK ONE)			
The amendment(s) was/were as by the shareholders was/were s	lopted by the sufficient for a	shareholders. The approval.	comber of votes	cast for the amendment(5)
The amendment(s) was/were as must be separately provided fo					eni
"The number of votes cas	t for the amer	ndment(s) was/wer	e sufficient for ap	provz l	
by		ting group)		 .	
	firm)	र्तमह हुन्स्यम् ।			
The amendment(s) was/were accion was not required The amendment(s) was/were ac					er P
action was not required	opice of the	meo.porators was	our same monuter at	mon and same monac.	
Dated	08/15	12017			
Signature	De	-//1			
				officers have not been	
			hands of a receiv	er, trustee, or other com	1
арроі	nted fidnciary	y by that fiduciary)	,		
	- Re	fer Wh	He		
	((Typed or printed r	name of person sin	ming)	
		11			
		t tille c	(nerson sioning)		