

P17000090737

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ALRON ENTERPRISES, INC.
Account Number : I20000000113
Phone : (321)951-7626
Fax Number : (321)723-8218

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

Email Address: office@coliseumofcomics.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
COLISEUM OF COMICS BCH INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

JAN 04 2021

A. LUNT

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SECRETARY OF STATE
TREASURER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

NAME OF CORPORATION: **COLISEUM OF COMICS BCH INC**
DOCUMENT NUMBER: **P17000090737**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson
Alron Corps, Inc.
3990 Minton Rd
Melbourne, FL 32904

Email address to be used for future annual report notification:
office@coliseumofcomics.com

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION OF**

Coliseum of Comics BCH Inc

Document ID: **P17000090737**

Pursuant to the provision of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

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CLERK OF CIRCUIT COURT
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FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

- A. If amending name, enter the new name of the corporation:
Coliseum of Comics ARL, Inc.
- B. Enter new principal office address, if applicable: **N/A**
- C. Enter new mailing address, if applicable: **8010 Sunport Drive Suite 108 Orlando, FL 32809**
- 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 agent office address:

Name of New Registered Agent: **N/A**

New Registered Agent Office Address: **N/A**

New Registered Agent's Signature:

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.

- | | | |
|-------------------------------------|------------------|--------|
| 1.) <input type="checkbox"/> change | Name: N/A | Title: |
| <input type="checkbox"/> add | Address: | |
| <input type="checkbox"/> remove | | |
| 2.) <input type="checkbox"/> change | Name: | Title: |
| <input type="checkbox"/> add | Address: | |
| <input type="checkbox"/> remove | | |
| 3.) <input type="checkbox"/> change | Name: | Title: |
| <input type="checkbox"/> add | Address: | |
| <input type="checkbox"/> remove | | |

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E. If amending or adding additional Articles, enter here:

N/A

SECOND: 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, are as follow:

THIRD: The date of each amendment's adoption: December 30, 2021.

FOURTH: Adoption of Amendment.

☒ The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this 30th day of December, 2021

Signature:

Philip Boyle
President/Director

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS