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COR AMND/RESTATE/CORRECT OR O/D RESIGN CNQR MARKETING GROUP, INC.

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TO: Amendment Section

COVER LETTER

Division of Corp	orations			
NAME OF CORPO	RATION: CNQR Marketing	Group, Inc.		
DOCUMENT NUM	BER:	·····		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Joy Fledelius			
		Name of Contact Person	1	
		Firm/ Company		
	10075 Freesian Way			
		Address	,	
	Wellington, FL 33449			
	-	City/ State and Zip Code	C	
	frederike@mtbonnell.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatic	on concerning this matter, plea	se call:		
Joy Fledelius		at (3124667	
Name	of Contact Person	at (561) 3124667 Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section	Amendment Section		
	rision of Corporations	Division of Corporations		
). Box 6327 lahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
ı aı	initial Party of the State of 1 Th	2415 N. MORIOC Street, State 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

→ 18506176380

CNQR Marketing Group, Inc.			
(Name of Corporation as cu	urrently filed with the Flor	rida Dept, of State)	
P18000008565			
(Document Nu	imber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corp</i> o	oration adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporat V Media Services, Inc.	tion:		
			The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corpo		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	٠.	~? ~?
			7
		3 3	
C. Enter new mailing address, if applicable:			A
(Mailing address MAY BE A POST OFFICE BOX)		,	9 : 17
			T : 11
		;;;:	
	***		₩
D. If amending the registered agent and/or registered office	ice address in Florida, ente	- -	<u> </u>
new registered agent and/or the new registered office a	address:		
Name of New Registered Agent			
(Fle	orida street address)		
Nov. Boriston of Office Address.		. Florida	
New Registered Office Address:	(City)		Zip Code)
	•		
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the o	bligations of the positi	ion.
Signature of	New Registered Agent, if ch	hanging	·
Signature of	,		
Check if applicable	20(41)() 55		
☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (e), F.S.		

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>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	***	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		-		
Remove				
6) Change				
Add		_		
Remove				
Keniove				

E. <u>If amen</u> (Attach a	ding or adding additional additional additional sheets, if necessar	Articles, enter chay). (Be specific)	ange(s) here:			
						
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provis	nendment provides for an ions for implementing the focus of applicable, indicate N/A	amendment if not	ification, or cane contained in the	ellation of issued amendment itse	<u>shares,</u> l <u>f:</u>	
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The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in the document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of vo e sufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting gr for each voting group entitled to vote separatel	
"The number of votes of	ast for the amendment(s) was/were sufficient for	or approval
by		11
	(voting group)	
03/08/2	021	
Signature	/s/ Addis Mussa	
(By sele	a director, president or other officer - if directo cted, by an incorporator - if in the hands of a rebinted fiduciary by that fiduciary)	
	Addis Mussa	
	(Typed or printed name of perso	n signing)
	President	
	(Title of person signing)	