

(Requestor's Name)
(Address)
(Äddress)
(nulless)
(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



400314543964

06/21/18--01807--016 +≠35.80

SECRE LARY OF STATE FALLAHASSEE, FLORIDA

TILED

Amend

JUN 2 2 2018

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: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Incorpora of (Name of Corporation as currently filed	tion The second	
Révenue G	tion The second	
Kévenue O	TIME INC	
(Name of Corporation as currently filed)	MI DINC	
	With the Florida Dept. of State)	
(Document Number of Corpor	JUSUS (if known)	
(170cument Number of Corpor	ration (ir known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment	nent(s)
A. If amending name, enter the new name of the corporation:		
	NA The nev	
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation 4 professional corporation name must contain the	on he
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECKE THE VILLE OF	-
	25.55	_
D. If amending the registered agent and/or registered office address in I	Florida, enter the name of them	T
new registered agent and/or the new registered office address:	n n n n n n n n n n n n n n n n n n n	フ
Name of New Registered Agent	NIA SE CO	
(Florida street addre	(sec)	
New Registered Office Address:	, Florida	
City)	Zip Code)	•
	,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and		

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>	John D	<u>oe</u>		
X Remove	\underline{V}	Mike J	ones		
X Add	<u>sv</u>	<u>Sally S</u>	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	1	<u>Addres</u> s
1) Change	W	<u> </u>	<u>Shadana</u>	Jackson	1 1031 ROCK Springs Rol #371 ADODKO, FL 35712
Add Remove					- HUDRO , I C 30 IIX
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

ach additional sheets, if necessary). (Be specific)	
	NIA
	•
	
	<u>.</u>
n amendment provides for an exchange, reclassific	ation, or cancellation of issued shares,
ovisions for implementing the amendment if not co	ntained in the amendment itself:
(if not applicable, indicate N/A)	.10
	VIH
	1

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : <u>JUNC 15; 3018</u>	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By $\#$ director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Shakela Timms (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	