P18000026111

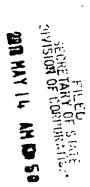
(Requestor's Name)
(risquests, o riums)
(Address)
(· · · · ·)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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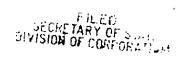


MAN 1 6 JOHB

COVER LETTER

Clifton Building

2661 Executive Center Circle Tallabassee, FL 32301



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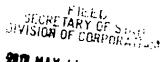
TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

INC	
ebmitted for filing.	
tter to the following:	
Name of Contact Person	n
Firm/ Company	
Address	
FL 33410	
City/ State and Zip Cod	e
© GMAIL. COM sed for future annual report	notification)
at (56/	389-8529
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section	
	Iment Section on of Corporations
	Name of Contact Person Firm/ Company Address FL 33410 City/ State and Zip Cod Sed for future annual report se call: at (

Articles of Amendment to Articles of Incorporation of



OB ANIMATION INC

SEE HAY IL AH ED SE

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P18000026111	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation;	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2393 S CONGRESS AVE STE 103
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33406
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 13020
(Maning data est MIT DE TI VOI VITTEL DATA)	
	NORTH PALM BEACH, FL 33408
	NORTH PALM BEACH, FL 33408
D. If amending the registered agent and/or registered office ade new registered agent and/or the new registered office addres	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	dress in Florida, enter the name of the
	dress in Florida, enter the name of the
<u>Name of New Registered Agent</u>	dress in Florida, enter the name of the
Name of New Registered Agent	dress in Florida, enter the name of the ss:

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	MARIA E, RIVAS SEQUERA	320 LIGHTHOUSE DR	
X Add			PALM BEACH GARDENS	
Remove			FL. 33410	
2) Change			_	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		
· · · · · · · · · · · · · · · · · · ·		
<u> </u>		
If an amendment provides for an exchange for implementing the amendment	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	studient is not contained in the amendment users.	
		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	s, this date 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 ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendmen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	nareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 04/14/2018	
Signature (By a director, president or other officer – if directors or officers have n	
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	ther court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Presidente (Title of person signing)	
(Title of person signing)	