P18000055020

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TRIPLE THREAT	r studios, INC.			
DOCUMENT NUMBI	ER:				
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
N	fitchell T. McRae, Esq.				
_		Name of Contact Person			
٨.	McRae Law Offics, P.A.				
-		Firm/ Company			
5	Firm/ Company 5300 West Atlantic Ave., Suite 412				
_					
-	Address				
	elray Beach, FL 33484				
		City/ State and Zip Code			
mmcra	e@mcraelawfirm.com				
• •	E-mail address: (to be us	sed for future annual report:	notification)		
	concerning this matter, pleas	se call:			
Mitchell T. McRae, Esq.		561 at (_) 638-6600 (Ext. 1)		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building Recutive Center Circle ssee, FL 32301		

Articles of Amendment Articles of Incorporation of

TRIPLE THREAT STUDIOS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

	P18000055020		
(Docu	ment Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Con	rporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A professio		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.		<u>-</u>	
			S S
			T
C. Enter new mailing address, if applicable:	av.		题上2
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	<u>.</u>	SET T
			<u> </u>
		-	<u> </u>
D. If amending the registered agent and/or register	red office address in Florida, en	ter the name of the	gri 🍎
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		e obligations of the pos	ition.
Sign	nature 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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ANDREW SHULTZ	C/O 17542 CIRCLE POND CT.
Add			BOCA RATON, FL 33496
X Remove			
2) Change	Р	JAY HOFFMAN	17542 CIRCLE POND CT.
X Add			BOCA RATON, FL 33496
Remove			
3) Change	D	JAY HOFFMAN	7542 CIRCLE POND CT.
X Add			BOCA RATON, FL 33496
Remove			
4) Change			
Add			
Remove			
5) Change	-	<u> </u>	
Add			
Remove			
б) Change			
Add			
Remove			

	(Be specific)
	•
	
-	
F	hama malaaifiasian ay samallasian af i d ah ara
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The same of the sa

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		•
enective date <u>n'applicable</u> .	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requiren	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the ficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The folloeach voting group entitled to vote separately on the amend	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sh	areholder
July 19, 2 Dated Signature	what the	
(By a di selecte	region, president or other officer – if directors or officers ha , by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	JAY HOFFMAN	
•	(Typed or printed name of person signing)	
I	PRESIDENT, DIRECTOR	
-	(Title of person signing)	