P1800011719

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRIN	MEDIA COMMUNICATIONS INC		
DOCUMENT NUMBER: P1800006	7719		
The enclosed Articles of Amendment			
Please return all correspondence conce	rning this matter to the following:		
STEVEN P VE	TTER		
	Name of Contact Person		
TRIMEDIA CO	TRIMEDIA COMMUNICATIONS INC		
	Firm/ Company		
1077 UPSALA	RD		
	Address		
SANFORD FL	32771		
	City/ State and Zip Code		
E-mail add	ress: (to be used for future annual report notification)		
For further information concerning this	s matter, please call:		
STEVEN P VETTER	at (407) 535-3536 Area Code & Daytime Telephone Number		
Name of Contact Perso	n Area Code & Daytime Telephone Number		
Enclosed is a check for the following a	amount made payable to the Florida Department of State:		
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

,	Articles of Amendment	2018 NOV 2 PH
	to Articles of Incorporation	2011
	of	WIS NOW TO B
TRIMEDIA COMMUNICATIONS INC		30. 2
(Name of Corpo	oration as currently filed with the Florida De	or of State
P18000067719		MAS OF
(D	Document Number of Corporation (if known)	E, E
tursuant to the provisions of section 607.1006, F s Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of t	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp," "Inc," or "Co". A professional corpo	ration name must contain the
B. Enter new principal office address, if appli Principal office address MUST BE A STREET		
Principal office address <u>MOST BE A STREET</u>		
C. Enter new mailing address, if applicable:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	
	<u></u>	
	E BOX)	
(Mailing address MAY BE A POST OFFICE		
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or re	gistered office address in Florida, enter the na	ame of the
(Mailing address MAY BE A POST OFFICE). If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address in Florida, enter the natered office address:	nme of the
(Mailing address MAY BE A POST OFFICE). If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address in Florida, enter the na	nme of the
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(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new registered	gistered office address in Florida, enter the natered office address:	nme of the
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent	egistered office address in Florida, enter the natered office address: (Florida street address)	. Florida
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent	egistered office address in Florida, enter the natered office address:	
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent	egistered office address in Florida, enter the natered office address: (Florida street address)	. Florida
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent New Registered Office Address:	egistered office address in Florida, enter the natered office address: (Florida street address)	. Florida
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing	egistered office address in Florida, enter the natered office address: (Florida street address) (City)	_, Florida (Zip Code)
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent New Registered Office Address:	egistered office address in Florida, enter the natered office address: (Florida street address) (City)	_, Florida (Zip Code)
(Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing	egistered office address in Florida, enter the natered office address: (Florida street address) (City)	_, Florida(Zip Code)

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 F. 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	PT	John Doe	
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>	<u>Addres</u> s
1) Change	V	JOHN KIRN	1809 WEDGEWOOD WAY
Add			KISSIMMEE FL 34746
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u>. </u>
Remove			
5) Change			
Add			
Remove			
() (I)			
6) Change			
Add			
Remove			

	(Be specific)
	
	<u> </u>
	the state of the s
provisions for implementing the amel	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Induction in Contained in the amendment fixer.

The date of each amendment(s) ad	option:	, 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 bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date was partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east t	or the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
OCTOBER	31, 2018	
DatedSignature	Astad	
(By a di	rector president or other officer - if directors or officers have not been	
	l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	STEVEN P VETTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

. . . .