P18000079135

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(Address)
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(City/State/Zip/Phone #)
(only, out to all prints any
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SECRETARY OF STATE
TALLATIASSEF

1/12/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: OCEANSIDE PRI	NTING CORPORATION	
	1BER: P18000079135		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Rodney S White, CPA		
		Name of Contact Person	1
	Rodney S White, CPA		
	-	Firm/ Company	
	4650 Lipscomb St NE, Suite	20	
		Address	
	Palm Bay, FL 32905		
		City/ State and Zip Code	2
	rodwhitecpa@earthlink.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Rodney S White, CI	PA	at (_) 728-9366
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OCEANSIDE PRINTING CORPORATION		
(Name of Corporatio	n as currently filed with the Florida Dept. of	State)
P18000079135		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the co-	rporation:	
		Th
name must be distinguishable and contain the word "co." Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	2021 J
D. If amending the registered agent and/or register- new registered agent and/or the new registered of		IN 17 PM 12: 50 LAUNSSEE, FL
Vanue of Vine Businessed to and		o o
Name of New Registered Agent	·	
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		the position.
Signa	ture of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Snelling, Zarra	305 Live Oak Ln
Add X Remove			Melbourne, FL 32935
2) Change	S	SNELLING, ZARIA	305 LIVE OAK LN
X Add			MELBOURNE, FL 32935
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: (Be specific)	
	the state of the state of the said above.	
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an amendment provides for an excharge rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b locument's effective date on the De	lock does not meet the applicable statutory filing requir partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the flicient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amer	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
Dated <u>05/29</u> Signature <u>7</u> / /	rector, president or other officer – it directors or officers	
sciente	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	have not been e. or other court
	ZARIA SNELLING	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	SECRETARY	
	(Title of person signing)	