P19000053919

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COVER LETTER

L TO: Amendment Section Division of Corporations NAME OF CORPORATION: VIRTUAL REALITY MEDIA, INC. DOCUMENT NUMBER: P19000053919 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN DANIELE Name of Contact Person VIRTUAL REALITY MEDIA, INC. Firm/ Company 3259 PROGRESS DR. Address ORLANDO, FL 32826 City/ State and Zip Code john.daniele@vrmincusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Daniele Area Code & Davtime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment orporation

	Articles of Inco
IRTUAL REALITY MEDIA	A, INC.
	(Name of Corporation as currently

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P19000053919	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>1:</u>
N/A	The new
name must be distinguishable and contain the word "corporation, "Inc" or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
	PR TI
(Florid	da street address)
New Registered Office Address:	Florida PD
	(City) (Lip Code
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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.

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)	Title	Name	<u>Addres</u> s
1) Change	DCEO	JOHN DANIELE	3251 PROGRESS DR
X Add	_		ORLANDO, FL 32826
Remove			
2) Change	ST	LISA FEINBLATT	3251 PROGRESS DR
X Add			ORLANDO, FL 32826
Remove 3) Change	ST	JOZEF BENACKA	3251 PROGRESS DR.
Add			ORLANDO, FL 32826
X Remove			
4) X Change	P	PAVOL GRMAN	3251 PROGRESS DR
Add			ORLANDO, FL 32826
Remove			
5) Change	D	THOMAS KOSIK	416 N LINCOLN ST
Add			ARLINGTON, VA 22201
X Remove			
6)Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific	.,			
					
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	<u>. </u>		<u>,,</u>		
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		···			
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	<u></u> ,				
		 			
If an	amendment provides for an exchange, reclas	sification, or cancel	lation of issued shar	<u>es,</u>	
prov	visions for implementing the amendment if no	t contained in the s	mendment itself:		
((if not applicable, indicate NA)				
Α					
				<u>.</u>	
			<u></u>		
			_ 		

,

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	clock does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend afficient for approval.	iment(s)
	proved by the shareholders through voting groups. The following seach 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)	
23 APRII Dated	. 2021	
Dated	N P 0 0	
Signature	Why Lanele dector, president or other officer – if directors or officers have not	haan
	by an incorporator – if in the hands of a receiver, trustee, or other	
appoin	ted fiduciary by that fiduciary)	
	JOHN DANIELE	
	(Typed or printed name of person signing)	<u></u>
	DIRECTOR	
	(Title of person signing)	