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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Reel Prime, Inc				
	MBER: P19000056516				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this mat	ter to the following:			
	Kevin J. Arbour				
	Name of Contact Person				
	Reel Prime, Inc.				
		Firm/ Company			
	420 SW California Ave				
	<del></del>	Address			
	Stuart, Florida 34994				
		City/ State and Zip Code	e		
	Sea 5, 2 E-mail address: (to be us	com A A S	e C. gma:1.com		
For further informat Kevin J. Arbour	tion concerning this matter, pleas		708-0075		
		at ( 772	708-0975		
	ne of Contact Person  for the following amount made		de & Daytime Telephone Number artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amenc Divisio Clifton	Address Iment Section on of Corporations i Building		
T	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Reel Prime, Inc.			
	currently filed with the Flor	ida Dept. of State)	
P19000056516			
(Document N	umber of Corporation (if know	wn)	
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	tes, this <i>Florida Profit Corpo</i>	pration adopts the following amend	dment(s)
A. If amending name, enter the new name of the corpora	tion:		
		The	new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professiona	"incorporated" or the abbrevia	tion
B. Enter new principal office address, if applicable:		701	
(Principal office address MUST BE A STREET ADDRESS		SE	
	<del></del>		. 27
		. 2	
C. Fater row malling address: if analisables		PH	- FEE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		-12	
		· · · · · · · · · · · · · · · · · · ·	
			_
D. If amending the registered agent and/or registered of		r the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent		<u>-</u>	
	lorida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		bligations of the position.	
Stanatura	of New Registered Agent, if cl	hanaina	
Signature	ој њем кединетей луст, у Ст	anakas	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Treas	Jeffery K. Arbout	1525 NE Darlich Ave
X Add			Jensen Beach, FL 34957
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

<mark>If amending or addit</mark> Attach <i>additional she</i>	ig additional Article ets, if necessary).—(	es, enter chang (Be specific)	<u>e(s) nere</u> :			
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<u>f an amendment pro</u> provisions for imple	ovides for an exchar ementing the amend	nge, reclassific Iment if not co	ation, or canci ntained in the	amendment its	self:	
(if not applicabl	e, indicate N/A)					
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	option:	, if other than
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 b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	ais date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amenda ficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stateach voting group entitled to vote separately on the amendment(s).	
	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 and share	holder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sharehold	er
Dated	8/22/2019	
Signature	22	
(By a d selected	rector, president or other officer – if directors or officers have not led, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	Kevin J. Arbour	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

 $as\rightarrow$