P20000041458

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08/28/21--01021--009 **35.00

COVER LETTER

Mahon Media Corp NAME OF CORPORATION: _ P20000041458 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gordon D. Mahon Name of Contact Person Mahon Media Corp. Firm/ Company 4267 Northern Dancer Way Address Orlando/FL 32826 City/ State and Zip Code gdmahon@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gordon D. Mahon

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐\$43.75 Filing Fee &

Certificate of Status

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

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

Name of Contact Person

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Mahon Media Corp				
	f Corporation as current	ly filed with the Florida Dept. of State)		
P20000041458				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
Trine Media Corp		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "		
D. D. a	if annligable:	4267 Northern Dancer Way		
B. Enter new principal office address, (Principal office address MUST BE A S	TREET ADDRESS)	Orlando, FL 32826		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4267 Northern Dancer Way		
		Orlando, FL 32826		
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office add w registered office addres	tress in Florida, enter the name of the s:		
Barbara Adams				
Name of New Registered Agent	5401 S KIRKMAN RD,	Suite 310		
	(Florida s	reet address)		
New Registered Office Address:	Orlando	32819 , Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	(City)		
	BARE			
	Ngnature 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)

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	PT John	1 Doe			
X Remove	<u>V</u> <u>Mik</u>	e Jones			
X Add	<u>SV</u> <u>Sall</u>	y Smith			
Type of Action (Check One)	<u>Title</u>	Name	N/A	<u>Addres</u> s	
1) Change Add					
Remove			N/A		
2) Change Add			N/A		
Remove 3) Change Add	<u>-</u> _		19/74		
Remove			N/A		
4) Change Add			11 -		
Remove 5) Change			N/A		
Add			N/A		
6) Change Add					
Remove					

If amending or adding additional Articles, end (Attach additional sheets, if necessary). (Be sp	pecific)	
	AF .	
		_
	N/A	
.		

f an amandment provides for an avaluation of	radassification or cancellation of issued shares	
provisions for implementing the amendment	reclassification, or cancellation of issued shares. It if not contained in the amendment itself:	
(if not applicable, indicate N/A)	· · · · 	
	N/A	
	~	

• • •	N/A
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	N/A
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
02 Augus	2021
DatedSignature	rand. Muha
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Gordon D. Mahon
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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