## P22000017351

| (Re                                     | equestor's Name)   |            |
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| PICK-UP                                 | ☐ WAIT             | MAIL       |
|   |                    |            |
| (Bu                                     | isiness Entity Nam | ne)        |
| (Dc                                     | ocument Number)    | · <u>-</u> |
|   |                    |            |
| Certified Copies                        | _ Certificates     | of Status  |
|   |                    |            |
| Special Instructions to Filing Officer: |                    |            |
|   |                    |            |
|   | J. HORNE           |            |
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STO THE BUILDING

May 19, 2022

RICHARD BENDER 6709 ODONIEL LOOP WEST LAKELAND, FL 33808 US

SUBJECT: ROAR NATIONAL MEDIA, INC

Ref. Number: P22000017351

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOCIAL CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00011483

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

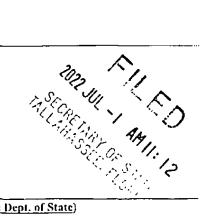
## COVER LETTER

TO: Amendment Section Division of Corporations Roar National Media, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard Bender Name of Contact Person Bender Accounting & Taxes Firm/ Company 6709 Odoniel Loop W Address Lakeland, FL 33809 City/ State and Zip Code richard@benderaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Bender Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐S43.75 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## Articles of Amendment to Articles of Incorporation of

ROAR NATIONAL MEDIA, INC.

| •••••   | · · · · · · · · · · · · · · · · · · · |
|---|---------------------------------------|
| (Name of Corporation as currently filed with the Florida Dept.  | of State)                             |
| P22000017351  | <del></del> -                         |
| (Document Number of Corporation (if known)  |                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> addits Articles of Incorporation:  | opts the following amendment(s)       |
| A. If amending name, enter the new name of the corporation:  ROAR NATION MEDIA, INC ,   | The new                               |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" o<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation na<br>"chartered," "professional association," or the abbreviation "P.A." | or the abbreviation "Corp.,"          |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |                                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                                       |
|   |                                       |
| D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:  | c of the                              |
| Name of New Registered Agent  |                                       |
| (Florida street address)  | <del></del>                           |
| New Registered Office Address:  |                                       |
| (City)  | (Zip Code)                            |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations   | of the position.                      |
| Signuture of New Registered Agent, if changing  | <u>-</u>                              |
| Charlest and the bit.   |                                       |

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)

١.

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:                      | DT           | Jahn Don    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Change                      | <u>PT</u>    | John Doc    |                 |
| X Remove                      | <u>v</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             | _               |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove 3.) Change             |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              |             | ·               |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             | <del></del>     |
| 6) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| Attach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an excl      | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame      | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)        |  |
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| The date of each amendment(s) adoption   | :   | , if other than the                          |
|--|---|--|
| late 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 block do<br>locument's effective date on the Departme | es not meet the applicable statutory filing requirent of State's records.                           | rements, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |  |
| N The amendment(s) was/were adopted by action was not required.                          | the incorporators, or board of directors without s  | shareholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient           | the shareholders. The number of votes cast for to for approval.                                     | he amendment(s)                              |
|  | by the shareholders through voting groups. The footing group entitled to vote separately on the ame |  |
| "The number of votes east for the  | amendment(s) was/were sufficient for approval   |  |
| by   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |
|  | (voting group)  | •  |
| Dated 04/08/2022   |   |  |
| 1+   | - 1-4   |  |
| Signature Area director  | president or other officer – if directors or officers   | have not been                                |
|  | incorporator — if in the hands of a receiver, truste  |  |
| appointed fidu   | ciary by that fiduciary)  |  |
| S  | TEW PETERS  |  |
|  | (Typed or printed name of person signing)   |  |
| p  | RESIDENT  |  |
| <del></del>  | (Title of person signing)   |  |

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