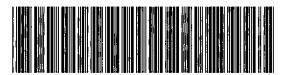
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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Document Number)		
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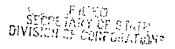
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NOV 1 0 2015 C LEWIS

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ITION: IMAGINAT	ION STATION	CTRINC
	R: <u>P93</u> 0000		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Rydecki Name of Contact Person	
_	IMAGINATIO	N STATION C Firm/Company	TR INC
_	9850 N	E STATE ROA	4D 24
_	ARCHER,	FLORIDA City/ State and Zip Cod	TR INC AD 24 32618
	getnelive	ed for future annual report	
	concerning this matter, pleas		vice tallo
Name of	Contact Person	at (352 Area Co) 486-6240 de & Daytime Telephone Number
Enclosed is a check for	he following amount made p	payable to the Florida Depa	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 Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



15 NOV -9 AMII: 10

IMAGINATION STATION CENTER INC (Name of Corporation as currently filed with the Florida Dept. of State) P 93000068165 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 9850 NE STATEROAD ZY (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

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.

Signature of New Registered Agent, if changing

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)

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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	n Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> <u>Sail</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	<u>_S_</u>	SMITH, NATARISHA	110 PINE LANE		
Add			BEONSON, FL 32621		
Remove					
2) Change		PODOBINSKI, AMANDA	POBOX 1881		
Add Remove			BRONSON, A. 32621		
3) Change Add	_\$_	ZEH, HANNAH	10811 NIE STATE ROAD ZY ARCHER, FL 32618		
Remove					
4) Change		JENNIFER COMBS	8191 NE 118th TERR BRONSON, FL 32621		
Remove					
5) Change					
Add					
6) Change		 			
Add					
Remove					

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: _			if other than the
date this document was signed.		DIVISION OF C	(OF SIMPL Chipanatane
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)	15 NOV -9	AM 11: 10
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, of State's records.	this date will no	t be listed as the
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amen rapproval.	dment(s)	,
	the shareholders through voting groups. The following ag group entitled to vote separately on the amendment		
"The number of votes cast for the am	nendment(s) was/were sufficient for approval		
by	ooting group)		
(v	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and sha	reholder	
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareho	lder	
Dated 1/3/15			
Signature	Esdeke' esident or other officer – if directors or officers have no		
(By a director, pr	esident or other officer – if directors or officers have no	ot been	
	corporator – if in the hands of a receiver, trustee, or oth	ier court	
appointed fiducia	ary by that fiduciary)		
٠			
	(Typed or printed name of person signing)		
	(1 yped or printed name of person signing)		
F	RESIDENT (Title of person signing)		
	(Title of person signing)		