(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TAMPOPRINT IN	TERNATIONAL CORPO	RATION
	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
1	CHRISTOPHER J. KLEIN		
-		Name of Contact Persor	1
	BAUR & KLEIN PA		
-		Firm/ Company	
	1001 BRICKELL BAY DRI	VE.	
-		Address	
	SUITE 2700, MIAMI FL. 33	131	
-	- · · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
	CKLEIN@WORLDWIDEL	AW.COM	
-	_	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
CHRISTOPHER J. KI	EIN	at (305	3773561
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TAMPOPRINT INTERNATIONAL CORPORATION

(Name of Corporation	on as currently filed with the Fk	orida Dept. of State)
P94000046009		
(Docun	nent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc.' 'chartered," "professional association," or the abbre	" or "Co". A professional corp	The new rporated" or the abbreviation "Corp.," poration name must contain the word
B. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADE</u>	<u>—————————————————————————————————————</u>	

Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
) If amounting the arrivation of a second control of the second co		
 If amending the registered agent and/or register new registered agent and/or the new registered 		er the name of the
Name of New Registered Agent	ted.	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
Sew Registered Agent's Signature, if changing Reg	Internal Access	
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
Signo	iture of New Registered Agent, if c	hanging

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	<u>PT</u>	John Doc	
\underline{X} Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P/S	JAMES DEREK MCCOY	1400 26th Street
Add			Vero Beach, FL 32960
Remove			
2) Change	VP	JOHN NASON HOFFMAN	1400 26th Street
X Add			Vero Beach, FL 32960
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			***************************************
5) Change		***************************************	
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
	11
•	
-	
nrovision	lment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

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The date of each amendment(s) ad late this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
упесиче паррикание.	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	nout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cas flicient for approval.	t for the amendment(s)
	roved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes east	for the amendment(s) was/were sufficient for appro-	oval
by	(voting group)	
selected appoint	rector, president or other officer – (if directors or of l, by an incorporator – if in the hands of a receiver, ed fiduciary by that fiduciary) James Derek McCoy (Typed or printed name of person signing President	trustee, or other court
	(Title of person signing)	