P97000066192

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SECRETARY OF SHOE SIVISION OF CORPORATIVE

MAY 15 2018 C MCNAIR

COVER LETTER

SECRETARY OF STATE

TO: Amendment Section
Division of Corporations

MINAY IL AMII: 48

NAME OF CORPORATION:	SPAZZOINC			
DOCUMENT NUMBER:	P97000066192			
The enclosed Articles of Amendmen	at and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Bo S	Name of Contact Person SPA 20 INC Firm/ Company SO21 N SUWANEL ALL Address Tampa FL 33603 City/ State and Zip Code SPA 220 D a ol Com Idress: (to be used for future annual report notification)			
For further information concerning this matter, please call: Contact Person				
□ \$35 Filing Fee □\$43.75	Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES SECRETARY OF STATE SIVISION OF CORPORATION

SPA 220 INC	SET HAY I L AH II: 4#
(Name of Corporation as currently filed	l with the Florida Dept. of State)
P9700066192) _
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	la Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Studio on Cas	S INC The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1906 West Cass Street Tampa, FL 33606
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5021 N Suwanee Au
same as before	
 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 add	ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations of the position.
Signature of New Register	red Avent 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)

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	<u>PT</u>	John Doe		
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) Change	·			
Add				
Remove				
2) Change				
Add		1	\ \	
Remove		\		
3) Change	··· <u>.</u>		/	
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change		/		
Add				
Remove				
5) Change		/		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
	•
	·
f an amendment provides for an arch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	ndment if not/contained in the amendment itself:
provisions for implementing the amer	
provisions for implementing the amer (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame: (if not applicable, indicate N/A)	
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provisions for implementing the ame: (if not applicable, indicate N/A)	
provisions for implementing the ame: (if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendicient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment(
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	lder
selected,	ector president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
_	(Typed or printed name of person signing) (Title of person signing)	edy CFO