P97000085418

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TO: Amendment Section

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Division of Corporations	•	
NAME OF CORPORATION: SUREBET PRIZE C	CORPORATION	
DOCUMENT NUMBER: P970000\$5418		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
FRANCES CASEY LOWE, E	SQUIRE	
	Name of Contact Person	
GUILDAY, SIMPSON, WES		ANE, P.A.
	Firm/ Company	
68-A FELI WAY		
	Address	
CRAWFORDVILLE, FLORI	DA 32327	
	City/ State and Zip Code	
francie@francielowe.com		
**	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
MICHELLE MALONI	at (926-8245
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation of

SUREBET PRIZE CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000	085418
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>1:</u>
NEWELIA Corporation	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
,	
	治言で
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	26 1
	P
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 add	
Name of New Registered Agent	
(Floric	da strect address)
Mar Daniston LOCATA College	Florido
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent the appointment as registered agent. I am famil	
1 nervoy accept the appointment as registered agent. I am juma	nar with tine accept the bougulains by the position.
Signature of N	ew 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)

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 Doc 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)	Title	<u>Name</u>		Address
1) Change	<u>-</u>			
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			_	
Add				
Remove				

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<u>,</u>						_	
f an amendment provides for an excha	unga maalassif	iention on	. cancellati	an aCircun	d charac		
provisions for implementing the amen	dment if not o	ontained	in the ame	ndment its	elf:		
(if not applicable, indicate N/A)							
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The date of each amendment	(s) adoption:, if other than the
date this document was signed	
Effective date <u>if applicable</u> :	12/31/2018
effective date in approxime.	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this 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/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	12/12/18
	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Albert Elia
	(Typed or printed name of person signing)
	Thesiocal / Dineelon
	(Title of person signing)