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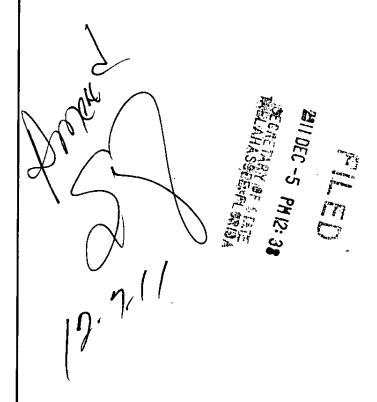
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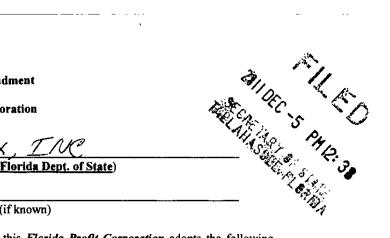
COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Oct side the Box Tre
DOCUMENT NUMBER: P970000 89510
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Outside the Box, Inc Firm/ Company
Name of Contact Person
Outside the Box. Inc
Firm/ Company
3722 Satin Lint Court
Address
Delra, Beach, Fl 33445 City/ State and Zip Code
City/ State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (581) 495-4(46) Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

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

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

Articles of Amendment to Articles of Incorporation



OUTSIDE THE BOX, INC.

Name of Corporation as currently filed with the Florida Dept. of S

70000 8 9510 (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:			
The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "profession	gnation "Corp," '	"Inc," or "Co".	A professio	porated" or the nal corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X</u>)			
D. If amending the registered agent and/or regist new registered agent and/or the new registered Name of New Registered Agent:		ss in Florida, ent	er the name	of the
	(Florida street	address)		
New Registered Office Address:	(City)		_, Florida	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the	obligations c	of the position.
Signature of N	lew Registered Age	ent, if changing		

	o'be. Please indicate the title(s), nan		
		ors. If you have more th	an 6 officers/directors, please list them on an
additional sh <u>Title(s)</u>	Nama	Ade	dress
1) Preside	ent John Pete	rzon 3	222 Satin Leaf Court Lay Beach, F1 33445
* Secretar	y/Treasures		elray Beach, Fl 33773
2)			
3)			
45			
4)			
5)_			
~ 	- "		
6)			

If REMOVE	NG an officer and/or director, plea	se list the title(s) and nar	ne of the officer/director to be removed:
Title(s)	Name	Title(s)	Name
1).57	Frank Holmes	4)	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want

6)____

E. If amending or adding additional Artic (attach additional sheets, if necessary).					
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(if not a	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
	
e date of eac	h amendment(s) adoption: October 1 2011
C	f
fective date <u>i</u>	(no more than 90 days after amendment file date)
	(no more man > v adya agree amenament file actio)
option of An	nendment(s) (<u>CHECK ONE</u>)
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
by the sharel The amendm	ent(s) was/were approved by the shareholders through voting groups. The following statement trately provided for each voting group entitled to vote separately on the amendment(s):
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