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SEP 11 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Video Outle	et III Inc.		
DOCUMENT NUM	_{BER:} P9800007728	88		
	s of Amendment and fee are su			
Please return all corre	espondence concerning this ma	tter to the following:		
	Cynthia Bauer			
		Name of Contact Person	n	
	Video Outlet III Inc.			
		Firm/ Company		
	5820 Pulaski Hwy			
		Address		
	Baltimore, MD 21			
		City/ State and Zip Cod	e	
<u>cb</u>	1010@verizon.net	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Cynthia Bauer		at (410	488-9166	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Ma	iling Address	Street	Address	
	endment Section	Street Address Amendment Section		
Division of Corporations		Division of Corporations		
). Box 6327		Building	
Tal	lahassee, FL 32314	2661 F	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of

FILED

Video Outlet III, Inc			- 編 SEP -3 Ph	1 2: 20
(Name of Corporation as	s currently filed with the Flo	orida Dept. of State)		
P98000077288			ASECRETARY OF FAIL AHASSEE, F	LORIDA
(Docume	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporal	ion adopts the following	g amendmei
A. If amending name, enter the new na	ame of the corporation:			
				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional co		
B. Enter new principal office address, if applicable:		3803 W. Cor	nmercial Blvd.	
Principal office address MUST BE A S		Tamarac, FL 33309		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5820 Pulask	i Hwy	
		Baltimore, M	ID 21205	•
				•
D. If amending the registered agent an new registered agent and/or the ne			e name of the	•
	George Santoni			
Name of New Registered Agent		erbor Circle		
	8884 Sydney Ha			
New Registered Office Address:	(Florida stre	et address)	orida_33446	

Signature of New Redistered 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 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	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>	Jesus Fernandez	5820 Pulaski Hwy
Add			Baltimore, MD 21205
Remove			
2) Change	Р	Austin Karls Sr.	5820 Pulaski Hwy
X Add			Baltimore, MD 21205
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	****		
Add			
Remove			
6) Change			
6) Change			
Add			
Vamova			

E. <u>If am</u> (Attac	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
	, , , , , , , , , , , , , , , , , , ,				
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			· · · · · · · · · · · · · · · · · · ·		
					
. If an	amendment provides for an exch	ange, reclassificatio	on, or cancellation o	f issued shares,	
prov	visions for implementing the amer (if not applicable, indicate N/A)	ndment if not conta	ined in the amendm	ent itself:	
	(ij noi applicaole, inalcale WA)				

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
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 amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
■ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_8/26/1	3	
Signature		
(By a direst selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	_
/	Austin Karls Sr.	
_	(Typed or printed name of person signing)	
Į.	President	
_	(Title of person signing)	