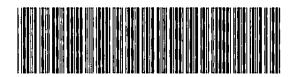
## P98000102541

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## **COVER LETTER**

FO: Amendment Section Division of Corporations
NAME OF CORPORATION: Lithoprint Corporation
DOCUMENT NUMBER: <u>198000102541</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian S Boyd  Name of Contact Person
Think Print Corp Firm Company
140 Park Central Blud S
Pompano Bch, 71 330 W. City/ State and Zip Code
Brian e lithopunt. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Celta Boyd  Name of Contact Person  at (954), 315-0990  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Lithoprint Corporation	filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P48000108541	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CPT Media Group Corporati	The new
name must be distinguishable and contain the word "corporation." "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	140 Park Central Blud S
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ponpano Bch, FL 33064
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	140 Park Central Blud S Pompano Bch, FL 33064
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Brian Boyd	
140 Park Ce	ntral Blud S
New Registered Office Address: Pompano Bo	Sh Florida 33064 City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
NH	
Signature of New Reg	gistered Agent, if changing

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)

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> <u>Joh</u>	n Doe	
X Remove	<u>v</u> <u>Mil</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
(Check One)	<u>VP</u>	Cetta Boyd	140 Park Central Bld. formano Bch. 21 330614
X Add		•	formano Bch, 21 330(14
Remove			
2) Change			
Add			
Remove 3.) Change			
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4) Change			
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an amendment	t provides for an ex	change, reclassific nendment if not co	ation, or cancella ntained in the am	tion of issued shar nendment itself:	es.	
	cable, indicate N/A)					
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The date of each amendment(s) adoption: AUGUST 2, 2021, if other than the
The date of each amendment(s) adoption:, if other than the date this document was signed.
August $2.2021$
Effective date if applicable: A 1945 2, 2021  (no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated
RIA
Signature  (By a director, president or other officer – if directors or officers have not been or other court
selected, by an incorporator – if in the hands of a receiver, trustee, of other court
appointed fiduciary by that fiduciary)
trians bord
(Typed or printed name of person signing)
President
(Title of person signing)