

P99000043836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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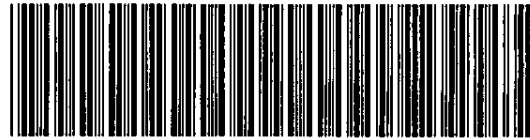
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Lewis  
1-17-14

## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

NAME OF CORPORATION: Color Change Corporation  
DOCUMENT NUMBER: P99000043836

The enclosed *Articles of Amendment* and fee are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

Peter Schramm

**Name of Contact Person**

Firm/ Company

6401 Maloney Ave.

**Address**

Key West, FL 33040

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Peter Schramm

Name of Contact Person

at ( 309 ) 351-9392

Area Code &amp; Daytime Telephone Number

**Enclosed is a check for the following amount made payable to the Florida Department 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)

**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**

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Articles of Amendment  
to  
Articles of Incorporation  
of

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

P99000043836  
(Document Number)

Pursuant to the provisions of section 607.1006, Florida Statute, 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:

NA

The new  
abbreviation  
contain the

name must be distinguishable and contain the word "corporation". A professional corporation name must contain the word "Chartered," "professional association," or the abbreviation "P.C."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Casey Villone

6800 Maloney Ave. #10

Key West, FL 33040

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Casey Villone

6800 Maloney Ave. #10

Key West, FL 33040

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 address:

Name of New Registered Agent

Michael C. Villone

6800 Maloney Ave., # 2

P.O. Box NOT acceptable

New Registered Office Address:

Key West, FL 33040

(City)

State

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Michael C. Villone  
Signature of Registered Agent

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:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title      Name

Address

- |  |                                     |   |
|--|-------------------------------------|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PCEO</u> <u>Casey Villone</u>    | <u>6800 Maloney Ave. #10</u><br><u>Key West, FL 33040</u>   |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>PCEO</u> <u>Peter Schramm</u>    | <u>766 Bateman St.</u><br><u>Galesburg, IL 61401</u>        |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>DV</u> <u>Musetta E. Schramm</u> | <u>766 Bateman St.</u><br><u>Galesburg, IL 61401</u>        |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>SV</u> <u>Scott C. Schramm</u>   | <u>15 Broad St., Apt. 3406</u><br><u>New York, NY 10005</u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VVP</u> <u>Denise M. Schramm</u> | <u>15 Broad St., Apt. 3408</u><br><u>New York, NY 10005</u> |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____                               | _____   |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

if other than the

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated January 7, 2014

Signature

Peter Schramm

(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)

Peter Schramm

(Typed or printed name of person signing)

President and CEO

(Title of person signing)