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SECRETARY OF STATE
AND ASSECT FOR DRIPA

C. LEWIS

OCT 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: DP. DBARN INC						
DOCUMENT NUMBER: <u>POZOOO 55024</u>						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
DANGL D'Brien Name of Contact Person						
P. P. OBRIFU INC.						
Firm/ Company						
5230 NF 29TH ALE. Address						
Address Lightwage Point FL 33064 City/ State and Zip Code						
City/ State and Zip Code						
11197 100 0 6411						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DAVIAL D'BRITES at (954) 410 - 5575 Name of Contact Person 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 Street Address						
Amendment Section Amendment Section Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						
Tallahassee, FL 32314 Zoo1 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment Articles of Incorporation

FILED

of

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P. P. O'BR	UN IN C	70021 27 117 1 0	7
(Name of Corporation as currently	filed with the Florida Dept. of State)	SECRETARY OF STAT	E
PO 2000	0055024	TALLAHASSEE, FLORT	DA
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corpora	ation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the	corporation:		
DYCON MANAGEMA	ant corp	Tho	n <i>o</i> w:
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional c	ncorporated" or the abbrevi corporation name must contain	ation n the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		he name of the	
Name of New Registered Agent	. 0/		
	(Florida street address)		
New Registered Office Address:	(City), 1	Florida(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obl	\	
Signature of I	New 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 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add		Ρ/	
Remove			
2) Change			
Add		b /	
Remove		75	
3) Change			
Add		1	
Remove			
4) Change			
Add		N. T. C.	
Remove		Ρ/	/
5) Change		/	
Add			
Remove		JX	
6) Change			
Add		/	
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
-	
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	\ Y /
	The state of the s
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amendment users.
	M ¹

The date of each amendment(s) adoption:	, de	FIL	ED, if other than the
date this document was signed.		12 SEP 27	7 08 1
Effective date if applicable: (n	o more than 90 days after	amendmen wile date Aic	OF STATE E. FLORIDA
	K ONE)		
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		votes cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro			ement en
"The number of votes cast for the amendment	ent(s) was/were sufficient	for approval	
by(voting		,n	
(voting	group)		
☐ The amendment(s) was/were adopted by the boar action was not required.	rd of directors without sha	reholder action and shareho	older
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareho	lder action and shareholder	
Dated 9-22-7	2013		
Signature	///		
(By a director, presiden		tors or officers have not be	
selected, by an incorpo appointed fiduciary by		receiver, trustee, or other c	ourt
appointed fiduciary by	that fiduciary)	4	
<u> Pana</u>			
	(Typed or printed name	of person signing)	
	President	-	
	(Title of person	signing)	