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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION: DeBag	Haldings In	<u>.(</u>	
DOCUMENT NUMBE	<u> </u>	2067.806 .		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:		
_	Zimi	DeBerry Name of Contact Person		
		Name of Contact Person	,	
_	DeBar	Holdings Inc		
		Firm/Company		
_	10151	University Blo	d. Ste. 171	
	- · · · ·			
	Orland	City/ State and Zip Code		
		City/ State and Zip Cou	5	
	in a same	. c and Lachar acm		
	E-mail address: (to be us	LU pool deuler, com	notification)	
~				
For further information of	concerning this matter, pleas	se call:		
Z:\w	J.DeBerry	at (<u> </u>	574-5519 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	urtment 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)	
<u>Maili</u>	ng Address	Street	Address	
Amen	dment Section	Amendment Section		
	on of Corporations		on of Corporations	
P O Roy 6327		('litton	Huilding	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dr.Bar Ha	dinys, Inc.		
(Name of Corporation as currently	filed with the Florida Dept.	of State)	
P1000001	2807		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
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 prof	y," or "incorporated" or the c essional corporation name must	abbreviation
B. Enter new principal office address, if applicab	ole:		_
(Principal office address MUST BE A STREET AL	ODRESS)		200
	<u></u>		- R 500
C. Enter new mailing address, if applicable:			1 32
(Mailing address MAY BE A POST OFFICE B	<u></u>		- 4 6:3
			9
			- rg 🖫
			_
D. If amending the registered agent and/or regist	ered office address in Florid	a, enter the name of the	
new registered agent and/or the new registere	d office address:		
Name of New Registered Agent		······································	
	(Florida street address)		
New Registered Office Address:		, Florida	
Ten registered Office Tradition.	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: . I am familiar with and acce	pt the obligations of the position.	
Signature of	New Registered Agent, if chan	ging	

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: XChange	<u>PT</u> Jol	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	<u> </u>	Amy 4 H.D.Berry	10151 Univary Blok Su. 12.
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach addit	ional sheets, if ne	ional Articles, enter cessary). (Be speci	fic)		
	 				
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an amend	ment provides fo	r an exchange, recla	ssification, or can	cellation of issued sha	res.
orovisions	for implementing	the amendment if r	ot contained in th	e amendment itself:	
(if not a	ipplicable, indica	te N/A)			
Cunce	lation of:	ssued Shares t	o Amy L. Hi	DeBerry	
				- 	
					
			 		

The date of each amendment(s) adoption: 5/21/12
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)
(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 5 24 12
Signature (By a director /president or other officer – 1f 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)
appointed inductary by that inductary)
J'm DeBerry
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)