P10000008153

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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AL JUL 29 FULL: 19

Amend Name

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TYCO	DON ENTER	TAINMENT CORP
DOCUMENT NUMBE	er: <u>P1000</u>	0068153	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	Rob	ERT RIBES	
_	1.00	Name of Contact Person	
-		Firm/ Company	
	14651 Bu		levard #330
_		Address	7, 3
_	MIAMI, F	L 33181	
		City/ State and Zip Cod	
	DPDESIGNO E-mail address: (to be us	CENTER QAC led for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ROBERT	Ribes	at (7-8 6	, 271-3227
	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	the following amount made p	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)
3.6 111		~.	

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

T	Articles of Amendment	爆 起。	
	to Articles of Incorporation		4. A. S.
(Name of Corporation as current	of OIN VI SIS	wint Corp of State)	<u>) </u>
(Document Number	er of Corporation (if known)		
ursuant to the provisions of section 607.1006, Floranticles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	Corporation adopts the follow	ring amendment(s) to
. If amending name, enter the new name of th	e corporation:		
DP WINDOW FAS	HIONS INC.		The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co". A profe	o," or "incorporated" or the essional corporation name mus	abbreviation st contain the #3
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET A</u>	ADDRESS)	51 BISCAYNE B	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		-
. If amending the registered agent and/or reg new registered agent and/or the new registe		ı, enter the name of the	- 14 JU
Name of New Registered Agent			[28]
		 	HOLD AND THE SECOND
·	(Florida street address)		
New Registered Office Address:	(0:.)	, Florida	
	(City)	(Zip Code)	

Signature of 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, nam	e, 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add		_	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)

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

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

date this document was signed.	option:	, ii otner tn
Effective date if applicable:	7/24/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	21/2014	
Signature	Rhotph	
	rector, 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	
	ed fiduciary by that fiduciary)	
	ROBERT RIBES	
•	(Typed or printed name of person signing)	_
	PRESIDENT	
•	(Title of person signing)	