P12000075203

| (Requestor's Name) | | | | |
|---|-------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAI | L | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: Direct | Line USA, | Inc. | | |
|---|---|--|--|--|--|
| DOCUMENT NUMBER: P12 0000 75 20 3 | | | | | |
| The enclosed Articles of | The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspo | Please return all correspondence concerning this matter to the following: | | | | |
| | Dennis ? | Smith_ | | | |
| | | Name of Contact Persor | 1 | | |
| | Direct Li | ne USA, Inc | , · | | |
| | _ • | Firm/ Company | | | |
| | 3811 University Blud W, #25 | | | | |
| | -C \ | Address | 2017 | | |
| | Jackson | ille FL 3: City/ State and Zip Code | 221 | | |
| | | City/ State and Zip Code | e | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Dennis | Smith | ar (904 | 739-1920 | | |
| | Contact Person | Area Co | de & 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 | | | Address Iment Section | | |

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



December 9, 2013

DENNIS SMITH 3811 UNIVERSITY BLVS W #25 JACKSONVILLE, FL 32217

SUBJECT: DIRECT LINE USA, INC.

Ref. Number: P12000075203

We have received your document for DIRECT LINE USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please have a officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 513A00027939

Articles of Amendment to Articles of Incorporation

| Direct Line USA Inc. | | |
|--|---|--------------------------------|
| (Name of Corporation as currently filed with the Flor | ida Dept. of State) | |
| <u> </u> | 3 | |
| (Document Number of Corporation (if k | nown) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation: | orida Profit Corporation adopts the following | g amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| ŅΑ | | The new |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P. A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | ". A professional corporation name must c | - breviation contain the |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NA | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered of fice address: Name of New Registered Agent | s in Florida, enter the name of the | SECRET ANASARIA 13 DEC |
| | | 23 |
| (Florida street New Registered Office Address: (City) | MA Florida (Zip Code) | PHIL:47 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit | h and accept the obligations of the position | · . |
| Signature of New Registered Ago | ent, 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> <u>John</u> | Doe | |
|----------------------------|------------------------|--------------|---|
| X Remove | <u>V</u> <u>Mik</u> | e Jones | |
| X Add | <u>SV</u> <u>Sally</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | PVT | Dennis Smith | 3811 University Blud W,#25 Jacksmulle, FL32217 |
| Remove | SD | Anabel Smith | |
| 2) Change Add Remove | <u> </u> | mabel Smith | 3811 University Blod W. #25 Jacksonville, FL 32217 |
| 3) Change | | | |
| Remove 4) Change | | | |
| Remove 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | (Be specific) | |
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| | la distribuição de la constante de la constant | |
| provisions for implementing the ame | change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
| | | |
| | | |
| | · NA | |
| | · NH | |
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| The date of each amendment(s) add | option: | ASS | 12/18/ | 13 | , if other than the |
|--|----------------------------------|---------------|---------------------|-----------------------|---------------------|
| date this document was signed. | n | | I_1I_1 | 1 | |
| Effective date if applicable: | (no more than 9 | 00 days afte | 1218 er amendmen | 5 file date) | |
| | | | • | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | | |
| The amendment(s) was/were adop by the shareholders was/were suf | | e number o | of votes cast f | or the amendment(s) | |
| The amendment(s) was/were appropriately provided for e | | | | | |
| "The number of votes east f | or the amendment(s) was/we | re sufficien | it for approve | l | |
| by ` | | | | **3 | |
| -/ <u></u> | (voting group) | | | - | |
| The amendment(s) was/were adopted action was not required. | oted by the board of directors | s without sh | hareholder ac | tion and shareholder | |
| The amendment(s) was/were ado action was not required. | nted by the incorporators with | hout shareh | nolder action | and shareholder | |
| Dated | 17/13 | | | | |
| Signature X | | | | | |
| | rector, president or other offi | icer – if dir | ectors or offi | cers have not been | |
| | , by an incorporator - if in the | | fa receiver, tr | ustee, or other court | |
| appoint | ed fiduciary by that fiduciary | " | a 1 | | |
| | Dennis P | Sm | ith | | |
| | (Typed or | printed nar | ne of person | signing) | |
| | President | <u>(Pu:</u> | $st)(\hat{P}$ | VT) | |
| | (T | itle of pers | on signing) | | |