

NO80000005481

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 OCT 19 PM 1:24

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Amend

TBrown 10-19-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Door of Dreams, Inc.

**DOCUMENT NUMBER:** NO8000005481

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

Please return all correspondence concerning this matter to the following:

Dara L. Polino

(Name of Contact Person)

Door of Dreams, Inc.

(Firm/ Company)

P. O. Box 162192

(Address)

Altamonte Springs, FL 32716-2192

(City/ State and Zip Code)

dpolino@gmail.com

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

For further information concerning this matter, please call:

Dara L. Polino

(Name of Contact Person)

at ( 407 ) 538-9260

(Area Code & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2011

DARA L POLINO  
DOOR OF DREAMS, INC.  
PO BOX 162192  
ALTAMONTE SPRINGS, FL 32716-2192

SUBJECT: DOOR OF DREAMS, INC.  
Ref. Number: N08000005481

We have received your document for DOOR OF DREAMS, 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 designation of the registered agent must be at a Florida street address.

Please check only one box on the amendment form regarding the adoption of the amendment.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 711A00022852

Articles of Amendment  
to  
Articles of Incorporation  
of

Door of Dreams, Inc.

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

N08000005481

(Document Number of Corporation (if known))

FILED  
2011 OCT 19 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

209 Egret Court

Altamonte Springs, FL

32701

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P. O. Box 162192

Altamonte Springs, FL

32716-2192

**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:

Dara L. Polino

New Registered Office Address:

209 Egret Court

(Florida street address)

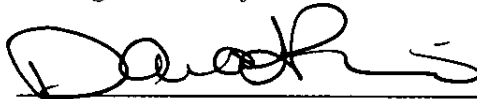
Altamonte Springs

(City)

Florida 32701  
(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.



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, name, and address of each Officer and/or Director being added:**  
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres.</u>	<u>Donna Biondi</u>	<u>1170 St. George Road</u> <u>Merritt Island, FL 32952</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Tres.</u>	<u>Richard E. Biondi</u>	<u>1170 St. George Road</u> <u>Merritt Island, FL 32952</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Sherree Beresford</u>	<u>4052 Southmont Dr.</u> <u>Roanoke, VA 24014</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Secy.</u>	<u>Joy Cannon</u>	<u>11729 Fan Tail Lane</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32827</u>	<input checked="" type="checkbox"/> Remove
<u>Pres.</u>	<u>Dara L. Polino</u>	<u>209 Egret Court</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs, FL 32701</u>	<input type="checkbox"/> Remove
<u>Secy.</u>	<u>Mark D. Polino</u>	<u>209 Egret Court</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs, FL 32701</u>	<input type="checkbox"/> Remove


The date of each amendment(s) adoption: August 1, 2011

Effective date if applicable: August 1, 2011 *(date of adoption is required)*  
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 20, 2011

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dara L. Polino  
(Typed or printed name of person signing)

President  
(Title of person signing)