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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

AMUND AU/12

## **COVER LETTER**

Division of Corporations				
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NAME OF CORPORATION: DART F	FOR HAT LWC.			
NICOC	nonieza			
DOCUMENT NUMBER: 1 1 000	1000 133 t	_		
The enclosed Articles of Amendment and fee are subm	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
V 11				
HRTHAMOR	$\omega$			
	(Name of Contact Person)			
· -	V &-			
DART FUR	Har Inc			
	(Firm/ Company)			
$\sim$ $\sim$	$\sim$ $\sim$			
Les PLANT	ATURN CIRCLE SOURIS			
	(Address)			
	5 ) 27000			
TOWE VEDRA BESCH, FRORING 32082				
(City/ State and Zip Code)				
01-6-	en440 gmail.com			
	I for future annual report notification)			
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For further information concerning this matter, please	call:			
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Har Hayosw	at (904 )254-0436			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	_		
Enclosed is a check for the following amount made page	ayable to the Florida Department of State:			
¥ \$35 Filing Fee □\$43.75 Filing Fee &	□\$43.75 Filing Fee & □\$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status			
	(Additional copy is Certified Copy			
	enclosed) (Additional Copy is			
	Enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327				
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

to

**Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida . (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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.

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 Remove	P	ART HAYDEN	261 PLANSTOTION CARCIES. TONTE FOR BEACH
2) Change Add Remove	<u>S</u>	DOWN MAZIASZ, ESQ.	POB 17771 CIEDELLOSTE FRORISM 33762-0991
Change Add Remove	D	KEW HANDEN)	2334 Bay Hir Draws Viers Florings
4) Change Add Remove			
5) Change Add Remove	***************************************		
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter chai (Be specific)	<u>ige(s) here</u> :			
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The date of each amendment(s) adoption:	- ZOIL			
Effective date if applicable: Max List	: 7012			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes cast for the amendment(s)			
There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s). The amendment(s) was/were			
Dated May 1 for 2012 Signature Cut Hourly				
(By the chairman or vise chairman of	the board, president or other officer-if directors			
have not been selected, by an incorpo other court appointed fiduciary by tha	rator – if in the hands of a receiver, trustee, or			
outer court appointed fiduciary by that	i fiduciary)			
ART LY AYDEND				
(Typed or printed name of	of person signing)			
TRESID ENOT				
(Title of person signing)	)			