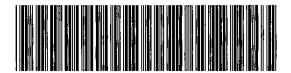


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And

AUG 19 2014

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Daylora Blach Kaptos. DOCUMENT NUMBER: N 1300000243 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Slach Raptors
(Firm/Company) (Address) to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable 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) **Street Address Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

	of	14 CO H C HEST
Name of Corporation as currently filed with the	Ractors J	
N 130	MM243	Lynk, Control Server and Control Server
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	36 Tim	maria Circle
	Ponce Ir	76+, FL 32127
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		maria Circle
	roove Fr	net, FL 32127
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		ter the name of the
Name of New Registered Agent: ICa	ena Gavila	ancs-0'Bren
367	(Florida street address)	a Circle
New Registered Office Address:	,	
- You	co Inlet	, Florida <u>32127</u> (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I as	m temiliar with and accept the	erobligations of the position.
Signature of	New Registered Agent, if char	nging

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.

Example: X Change X Remove X Add	PT John I V Mike SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u> 77</u>	April Turner	1367 Wendley Circle Port Grang FL 32128
2) Change Add Remove	<u>5/</u> T	McLane Maresco	120 Country lindr. E Port Orange, F2 32128
3) Change	P	Iracena Gavilano-D'Brien	36 Tina Maria Cicle Ponce Inlet, FC3212
4) Change Add Remove	<u>vP</u>	Jennifer Savolis	1165 Fracy Drive Port Orange, FL 32129
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:					
E. If amending or adding additional Articles, enter change(s) her (attach additional sheets, if necessary). (Be specific)	_				
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NY					
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 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.	
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)	
(Typed or printed name of person signing) Secretary Treasurer (Title of person signing)	
TOURGOOD	