Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000156045 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: WOOD, BUCKEL AND CARMICHAEL, PLLC

Account Number : I20170000051

: (239)552-4100 : (239)263-7922

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN FLORIDA DREAMCATCHERS, INC.

Certificate of Status	
Certified Copy	
Page Count	0.5
	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COYER LETTER

TO: Amendment Section Division of Corporations	Q			
NAME OF CORPORATIO	Florida Dreamontel	ners, Inc.		
DOCUMENT NUMBER: _	118000003632			
The enclosed Articles of Ama	ndment and fee are sul	omitted for filling.		
Please return all corresponden	ace concerning this mat	ter to the following:		
Bonie S. Montalvo, Esq.	·	•		
	 -	(Name of Contact P	erson)	
Wood, Buckel & Carmichael				
		(Firth/ Compan	y).	
2150 Goodlette Road North, S	Exth Floor			
		(Address)		
Naples, FL 34102				
	~	(City/ State and Zip	Code)	
BSM@WBCLAWYBRS.COM	А		·	
E-m	all oddress: (to be used	tor muro sanual rep	ort notification)
For further information concern	ning this matter, please	call;		
Bonie Montalvo		at	239	552-4138
(N	ame of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made pa	yabie to the Florida I	Penartment of !	
	1943.75 Filling Fee & Certificate of Status		£ □\$52,50 Contifi Certifi	Piling Fee cate of Status ed Copy ional Copy is
Malling Add			et Address	
Attendment S		·Am	endment Soctio	သ

Attendment 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



Articles of Amendment to Articles of Incorporation of

Florida Dreamcatchers, Inc.		
(Name of Cornoration as	gerrently filed wi	th the Morida Dept. of State)
N18000003632		Taylor Visit
(Doormen	at Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florids amondment(s) to its Articles of Incorporation:		•
A. If amending name, enter the new name of the co	mporation;	
name must be distinguishable and contain the word "c "Company" of "Co." may not be used in the name.	corporation" or "in	The nex- corporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address. If applicable</u> Principal office address <u>MUST RE A STREET ADD</u>	e OREST)	
Mailing address MAYBEA POST OFFICE BOX	<u>.</u>	
). If amending the registered agent and/or registers now registered agent and/or the new registered of	ed office address is	Florida, enter the pame of the
Name of New Registered Agent:		·
New Registered Office Address:		(Florida street address)
	AP(1, 1	Fladda
	(Cly)	(Zip Code)
ow Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with ar	nd accept the obligations of the position.
	Signature of N	ow Registered Agent, if changing

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; CPO = 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.

Bzample: X.Change X.Ramoyc X. Add	$\underline{\mathbf{V}}$ $\underline{\mathbf{M}}$	bn Doe ike Iones ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Gloria Gauze	P.O Box 5075
Add			Immokales, FL 34143
X Remove			
2) Change	<u>D</u>	Gloria Padilla	710 Winston Road
X Add			Immokalos, FL 34142
Remove			
3) Change		<u> </u>	
Add			
Remove			
4)Change			
Add		·	
Remove		•	
() Change		<u>.·</u>	
Add		,	
Remove			
n Change		·	
Add			
Remove		•	
		Page 2 of 4	

lf amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
		—
		
		_
	<u> </u>	
	·	
;		
-		
	— 	
-		
		
-		
<u> </u>	·	
		

Page 3 of 4

The da	te of each amoudment(s document was signed.	s) adoption:	, if other than
Bffecil	ve date <u>if applicable:</u>		
		(no more than 90 days after amendment file date)	·····
Note: 1	If the date inserted in this mi's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoptic	on of Amandment(s)	(CHECK ONE)	
₽ Tb wa	e amendment(s) was/wer s/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s)	
The add	ere are no members or m opted by the board of dir	combers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	Dated	5.15.18	
	Signature		
		sirman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or at appointed fiduciary by that fiduciary)	
		John K. Paul	
		(Typed or printed name of person algaing)	
		Director	
		(Title of nerson circuity)	

Page 4 of 4