

CAPITAL CONNECTION

850 222 1222

08/02 '05 09:13 No 722 01/05

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

BASIC AMENDMENT

O'S TROPICAL DESIGNS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 02 |
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G. A.

CAPITAL CONNECTION
850-205-0381

850 222 1222
8/1/2005 2:58

08/02 '05 09:43 NO.722 02/05
PAGE 001/001 Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 1, 2005

O'S TROPICAL DESIGNS, INC.
7898 NW 173 STREET
HIALEAH, FL 33015

SUBJECT: O'S TROPICAL DESIGNS, INC.
REF: P00000063202

RE-SUBMIT
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

FAX And. #: E05000183356
Letter Number: 805A00049602

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CAPITAL CONNECTION

850 222 1222

08/02 '05 09:43 NO.722 03/05

H05000183356

Articles of Amendment
to
Articles of Incorporation
of

Dr Tropical Designs Inc

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

P00000063202

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Registered Agent: Please change Registered Agent
name to Adriana L Balaor

7898 NW 173rd Street Hialeah, FL 33011

Officer Detail: Please delete Oscar Dentas as
the Treasurer of the Corporation

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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The date of each amendment(s) adoption: 7/29/05Effective date if applicable: 7/29/05

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 29 day of July, 2005

Signature

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

Amparo Dantas
(Typed or printed name of person signing)Vice President
(Title of person signing)

FILING FEE: \$35

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CAPITAL CONNECTION

850 222 1222

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: O's Tropical Design Inc
PROD000063202

2. The name and street address of the registered agent and office is:
Adriana L. Bolanor 7848 NW 173rd Street
Hialeah, FL 33015

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Adriana L. Bolanor

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