

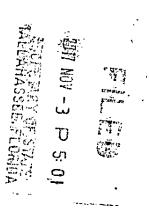
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	DESTINATION	MCO, INC.				
DOCUMENT NUMBER:	P01000060521					
The enclosed Articles of Amendm	uent and fee are sub	omitted for filing.				
Please return all correspondence c	oncerning this mat	ter to the followin	ıg:			
NOUREDI	NOUREDDINE ELOTMANI					
		Name of Conta	ect Person	***		
DESTINATION MCO, INC.						
	<u>.</u>	Firm/ Com	npany			
10311 ORANGEWOOD BLVD,						
	<del></del>	Addres	SS			
ORLANDO	O, FL 32821					
		City/ State and	Zip Code			
NOUR@DESTIN	NATIONMCO.CO	М				
E-mail	address: (to be use	ed for future annu	al report no	tification)		
For further information concerning	g this matter, please	e call:				
NOUREDDINE ELOTMANI	at (	321	689-1118			
Name of Contact Person		,	Area Code	& Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made p	ayable to the Flor	rida Departn	nent of State:		
	75 Filing Fee & ificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	etion porations		Division of Clifton Bu	ent Section of Corporations		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DESTINATION MCO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P01000060521 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: P.O. BOX 690965 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FL 32869-0965 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 (City) (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 postition Signature of New Registered Agent, if changing ÇŅ

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V		OUSSAMA ELOTMANI	P. O. BOX 690965
X Add				ORLANDO, FL 32869-0965
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				•
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
N/A	
<del>-</del>	_
	-
	_
	_
F. If an amendment provides for an 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)  N/A	
	_
	_

The date of each amendment(s) a	adoption:	_, if other than the
date this document was signed.		
Effective date if applicable:	0-30-2017	
Enecuve date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will a Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	."	
·,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
10-30-2	2017	
DatedSignature	Tunul Et.	_
select	director, president or other officer – if directors or officers have not been led by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	NOUREDDINE ELOTMANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	