PS1000/06/93

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COVER LETTER

TO: Amendment Section

Division of Corporations DAVIS RESIDENTIAL SERVICES INC NAME OF CORPORATION: 01000106193 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: [Ø\$35'Filing'Fee♥ ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing-Address **Street Address** Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

	01		0
DANIS RESI	DENTIAL S	ERVICES INC	
(Name of Corporation as curre			
P 0 100	0106193	3	
	ber of Corporation (if kn	· · · · · · · · · · · · · · · · · · ·	,
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corporation	adopts the follo
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "In fessional association," or	ac," or "Co". A profession	
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>			
	, <u>, , , , , , , , , , , , , , , , , , </u>		
			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>		
			
). If amending the registered agent and/or re	egistered office address	in Florida, enter the name	of the
new registered agent and/or the new regis			
Name of New Registered Agent:			
Name of New Registered Agera.			
New Registered Office Address:	(Florida street	address)	
How Hegistered Office Haw ess.	(1 10/144 11/00)	·	
-	(C:t.)	Florida, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin		, ,	
hereby accept the appointment as registered as	gent. I am familiar with	and accept the obligations of	of the position.
Si	ionature of New Registers	ed Agent if changing	

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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	KAROLE DAVIS	132 Pebble Shows DR. + 204 NAPLES FC 341	Add Remove
VP-Sec	THOMAS DAVIS	25231 Luci Dr. Bonim Springs, FC 34135	☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific		
<u>provisions</u>	dment provides for an exchange, reclas for implementing the amendment if no applicable, indicate N/A)	sification, or cancellation of issu t contained in the amendment it	ned shares, self:
		History &	
	MAR DAVIS - 9	00 SHARES	
	THOMAS DAVIS - 1	00 SHARES	
	KAROLE DAVIS	O-SHARES	
			

The date of each amendment(s) ac	doption: 09/89/20/0
•	(date of adoption is required)
Effective date if applicable:	10/01/20/0
. (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	>>
(voti	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated9	<u>-9-2010</u>
Signature	Mont Oon
· •	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

AFFIDAVIT

I, MARK Davis	certify that the foregoing is true
and correct to the best of my knowledge.	
	AUTHORIZED OFFICER FOR THE FIRM
STATE OF FLORIDA COUNTY OF	
The foregoing instrument was acknowledge	ed before me this $9-9-20/0$
by MARK DAUIS (NAME OF OFFICER, TITLE/AGENT)	of DAVIS RESIDENTIAL SERVICES FUC (NAME OF CORPORATION)
a FLORIDA (STATE OR PLACE OF CORPORATION)	_ corporation, on behalf of the corporation. He/She has
produced Deivers License (TYPE OF IDENTIFICATION)	as identification and did not take an oath.
	SIGNATURE OF NOTARY
	(PRINT NAME OF NOTARY) NOTARY PUBLIC
	VICKI DIANE DAVIS MY COMMISSION # DD 068348 EXPIRES: April 29, 2011 Bonded Thru Budget Notary Services

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