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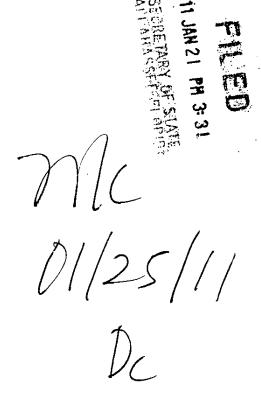
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations			•
NAME OF CORPORATION:	DARIN	G HELD 1	NC
DOCUMENT NUMBER:	P0200004	32215	
The enclosed Articles of Amend	ment and fee are submi	tted for filing.	
Please return all correspondence	concerning this matter	to the following:	
	SHARON H	TELD ntact Person	
DAK	CING HE	D INC	
15	NE 101 S	+ STREET	-
DSI	HELD 1@m	•	<u>36</u>
For further information concerni		•	
SHARDN HEL Name of Contact Person		305 759 - Area Code & Daytime Tel	9853 ephone Number
Enclosed is a check for the follow	wing amount made pay	able to the Florida Depart	ment of State:
\$35 Filing Fee \$43.75 Filing Certificat	te of Status (43.75 Filing Fee & Certified Copy Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clit	eet Address endment Section ision of Corporations fon Building 1 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment

in tietes of immendancin	() ·
to	= 7
Articles of Incorporation	
of	
 DARING. HELD, INC.	_ 30
(Name of Corporation as currently filed with the Florida Dept. of State)	بي جي
P02000082215	
 (Document Number of Corporation (if known)	- 1894

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 co	orporation:		
S HELD INC			The new
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	ation "Čorį	o, " "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		SAME (NA)	ADDRESS
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		(NA)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of			enter the name of the
Name of New Registered Agent:	()	JA)	
New Registered Office Address:	(Florida	street address)	
			, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			the obligations of the position.
Signatur	re of New Ro	gistered 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>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
	NA		
	nding or adding additional sheets, if nec	nal Articles, enter change(s) here: ssary). (Be specific)	
		NA	
provis		r an exchange, reclassification, or cance the amendment if not contained in the a N/A)	
		WA	

The date of each amendment(s)	adoption:	JAW UARY	1 15 2011	
Effective date <u>if applicable</u> :	(dat A) no more than 90 days	e of adoption is redu VARY after amendment file	5 LUII	
Adoption of Amendment(s)	(CHECK	ONE)		
The amendment(s) was/were a by the shareholders was/were			of votes cast for the amendmen	t(s)
The amendment(s) was/were a must be separately provided for				nen
"The number of votes cas	t for the amendment(s) was/were sufficier	nt for approval	
by		, >>		
(v	oting group)			
The amendment(s) was/were a action was not required.	adopted by the board	of directors without :	shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	adopted by the incorp	orators without share	eholder action and shareholder	
Dated	ANUARY /	0 2011		
selecte		- if in the hands of a	ectors or officers have not been a receiver, trustee, or other cour	t
-	CHAK (Typed or	Printed name of person	D on signing)	
-	PRESI:	DEUT n signing)		