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R. WHITE

## COVER LETTER

TO: Amendment Section

Division of Corpe	erations *		· .
NAME OF CORPOR	ATION: DAWSO	on JAMES S	secusities, INC.
DOCUMENT NUMB	er: <u> </u>	00082359	?
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DAWTON	Name of Contact Person  Firm/ Company  Federal High	WAY - SUITE 500
	BOLA R,	City/ State and Zip Code  2 dawson Jaw sed for future annual report	y32
For further information	concerning this matter, pleas	se call:	
KEJIA Name c	5. KUP-72- of Contact Person	at ( 561 Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation

of

DAINSON JAMI	ET Secul	- ities I	N.	12 150 8107	D'a
( <u>Name of Corporati</u>	on as currently fi	<u>led with the Flor</u>	ida Dept. of State)		•
PO	20000	82359			
	nent Number of Co		vn)	_	
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corpo	ration adopts the fo	llowing amendme	nt(s
If amending name, enter the new name of the co	orporation:				
				T)	
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp., "ord "chartered," "professional association," or the	" Inc, or Co	". A professiona	"incorporated" or Leorporation name	The new the abbreviation must contain the	
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>					
	-				
	-			· <del>· · · · · · · · · · · · · · · · · · </del>	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>'X</u> ) .				
			,		
	_	<del></del>		_	
	-				
. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter	the name of the		
Name of New Registered Agent					
	tFlorida street d	address)			
New Registered Office Address;			, Florida		
nen neganorea opire maress.	(Cu	אין	,	(Zip Code)	
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	istered Agent:	and assent the o	bligations of the nov	Sirian	
nevery accept the appointment as registered agent.	i am jamanar wun	ана иссері іне ін	atgunous of the pos	auon.	
Sign	ature of New Regi:	stered Agent, if ch	anvine		

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 De	<u>κ</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PD	·	Thomas W. HANds	I NORTH Fortered Highway
Add X Remove				BOCA RAION, FL 73432
2) Change X_ Add	<u> </u>	_	Richard Aulicino	Suite 500
Remove				BOCA RATON, FL 33432
3 ) Change Add		_		
Remove				
4) Change		_		
Add Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>add</i>	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary).— (Be specific)
. <u>If an ame</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)
	<del>- ·</del>
	<del></del>

The date of each amendment(s) adoption: October 14, 2019
Effective date if applicable:  October 14 2019  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted 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 east 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.
Dated October 14, 2019
Signature Keyn A. Kurh  (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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
CFO Treasurer Secretary

(Title of person signing)