P03000026897

(Re	questor's Name)	<u> </u>		
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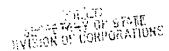
C. LEWIS
SEP 8 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D-LUX HON	MES AND DEVEL	OPMENT CORP		
DOCUMENT NUM	_{BER:} P0300026897				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	TIM LUYCX				
	Name of Contact Person				
	D-LUX HOMES AND DEVELOPMENT CORP				
		Firm/ Company			
	3850 EUNICE RE)			
		Address			
	JACKSONVILLE	BEACH, FL 32	250		
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
	2 (1.0.1 40.01.00). (10 00 00	ea ioi iaiaio amiaai iopoii			
For further information	on concerning this matter, pleas	se call:			
TIM LUYCX		at (904	, 509-9071		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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		Ameno Divisio Cliftor 2661 E	Address Imment Section on of Corporations Building Executive Center Circle		
		Tallah	assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



D-LUX HOMES AND DEVELOPMENT CORP

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

14 AUG 29 PM 1: 36

P0300002689 7			
(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the followin	g amendment(s)
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the w 'Corp.," "Inc.," or Co.," or the designation "Co vord "chartered," "professional association," or t	orp," "Inc," or "Co". A pr		
B. Enter new principal office address, if applica Principal office address MUST BE A STREET A			-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)		-
D. If amending the registered agent and/or registered agent and/or the new register		ida, enter the name of the	-
Name of New Registered Agent			
	(Florida street address)	·	
New Registered Office Address:	(0)	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I		cont the obligations of the months	
mereoy accept the appointment as registered agen	i. Tam jaminar wiin ana ac	cept the obligations of the position.	

Signature of New Registered 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)

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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	V	JOSEPH LUYCX	9833 ELAINE RD		
Add			JACKSONVILLE, FL 32246		
Remove					
2) Change					
Add					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	 _				
Add					
Remove					

	eets, if necessary).	(Be specific)			
			-		
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		-			
					
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	rovides for an exch	ange, reclassificat	tion, or cancellation	on of issued share	s.
an amendment n	olementing the amer	ndment if not con	tained in the ame	ndment itself:	
rovisions for imp	hla indianta MA				
an amendment p provisions for imp (if not applicat	oie, inaicale IVA)				
provisions for imp					
rovisions for imp	oie, indicale WA)			 	
provisions for imp	ore, indicate tVA)				
an amendment p provisions for imp (if not applicat	ore, indicate tvA)				
provisions for imp	ore, indicate (VA)				
provisions for imp	ore, indicate (WA)				
provisions for imp	ore, indicate (WA)				
provisions for imp	ore, indicate tway				
provisions for imp	ore, indicate (WA)				

The date of each amendment(s) adoption		if other than the
date this document was signed.	ANT TOTAL OF STATE ANTIONS OF CORPORATIONS	
Effective date if applicable:		
	(no more than 90 days after amendment file duck 9 PM 1: 36	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated <i>08</i>	-18-14	
Signature	25 July	
(By a director	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	iduciary by that fiduciary)	
	JOSEPH LUYCX	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	