

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000203030 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: SHANE M. SMITH, Account Name

Account Number: I20140000004

: (321)724-1919 : (321)723-8218 Fax Number

SEP -22014

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

> COR AMND/RESTATE/CORRECT OR O/D RESIGN EXCELLENCE BY DESIGN, INC.

·	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



Electronic Filing Menu

Corporate Filing Menu

Help

Alron Inc.

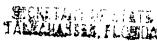
(FAX) 3217238218

P. 002/005

FILED

14 AUG 29 AH 8: 54

Articles of Amendment to Articles of Incorporation



•	of	,	The section of the	and desire, I had	ST LAG
EXCE	LLENCE BY	DESIGN,	INC.		
(Name of Corporation as curren	itly filed with the Flor	rida Dept. of S	tate)		•
	P03000103	487			
(Document Numb	er of Corporation (if k	nown)			•
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Flo	orida Profit Co	<i>rporution</i> adop	pts the following	g amendment(s) t
A. If amending name, enter the new name of t	the corporation:				
					The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co	". A professio			breviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable: ADDRESS)				
	•				
				· 	
C. Enter new mailing address, if applicable:	E BOY	,			
(Mailing address MAY BE A POST OFFIC	E. BUX)				
D. If amending the registered agent and/or re- new registered agent and/or the new regist	vistered office addressered office address:	s in Florida, en	tor the name	of the	
Name of New Registered Agent					
IYAMB OJ IVEW REGISTERBU RIGERI					
	(Florida street	address)			
New Registered Office Address:	•		. Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	· Registered Agent: ent. I am familiar with	h and accept the	e obligations o	f the position.	
-					
Signature	of New Registered Age	ent, 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 Address
1) Change	D	Courtney Charles Hendry 539 COCONUT STREET SATELLITE BEACH, FL
Add		SATELLITE BEACH, FL
Remove	-	32937
2) Change	D	Joshua Robert Hendry 539 COCONUT STREET
✓ ∧dd		SATELLITE BEACH, FL
Remove		32937
3) Change		
Add		<u>·</u>
Remove	l	
4) Change		
Add		
Remove		-
5) Change		
Add		
Remove		****
6) Change		
Add		
Demous		,

, ,

Attach addition	nal sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
• •		
		
	*	
		
an amendme	nt provides for an exci	hange, reclassification, or cancellation of issued shares,
rovisions for (if not app	implementing the ame licable, Indicate N/A)	endment if not contained in the amendment itself:
		

The date of each amendment	(s) adoption: AUGUST 28, 2014	, if other than the
date this document was signed.		 .
Effective date if applicable:	AUGUST 28, 2014	
-	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_AUG	GUST 28, 2014	
Signature	Maur Faul Wendry	
(<u>B</u>	y a director, president or other officer - if directors of officers have not been	_
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
4		
	MARY PAUL HENDRY	_
	(Typed or printed name of person signing)	
	DIRECTOR, TREASURER	_
	(Title of person signing)	