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P03000118770

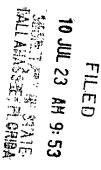
· (Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	_ MAIL
(Bu	siness Entity Nar	те)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO; Amendment Section

Division of Corporations		
NAME OF CORPORATION: Dailey	s Homes, Ir	7.C.
DOCUMENT NUMBER: PO3000	118770	
The enclosed Articles of Amendment and fee are si	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Troy Dailey	of Contact Person	
Dailey's Hor	mes Inc.	
1560 Ray La	Address	,
New Smyrna City/s	State and Zip Code	
TDAILE Y1 @ CFI E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, plea	ase call:	
Same as above. Name of Contact Person	at (<u>38/6</u>) <u>295</u> Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\times \text{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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301



July 13, 2010

TROY DAILEY 1560 RAY LANE NEW SMYRNA, FL 32168

SUBJECT: DAILEY'S HOMES, INC.

Ref. Number: P03000118770

We have received your document for DAILEY'S HOMES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The new information about the officer/director, must be printed very clear.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 410A00016927

Articles of Amendment to

A	rticles of Incorpo	ration		
mila 1/2 1/200	of			
(Name of Corporation as curren	S, Lnc otly filed with the I	- Torida Dept. of	f State)	
P0300011877				
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, t	his <i>Florida Pro</i>	ofit Corporation	adopts the following
A. If amending name, enter the new name of	the corporation:		,	•
			I.	The new
name must be distinguishable and contain the labbreviation "Corp.," "Inc.," or Co.," or the lamb must contain the word "chartered," "prof	designation "Corp,	" "Inc, " or "Co	o". A profession	
3. Enter new principal office address, if appl				
Principal office address <u>MUST BE A STREE</u> T	<u>(ADDRESS</u>)			声道 る
				23 是
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>			AN ED
				8 × 0
				53
D. If amending the registered agent and/or re	egistered office add	lress in Florida	, enter the name	of the
new registered agent and/or the new regis				
Name of New Registered Agent:				,
			····	
New Registered Office Address:	(Florida s	treet address)		
-	(0)		, Florida	
	(City)	•	(Zip Code)	,
New Registered Agent's Signature, if changing thereby accept the appointment as registered as			t the obligations	of the position
петеоу ассері іне арроінітені as registerea aş	zeni. 1 um jamiliar	<i>жип апа ассер</i> і	ine obligations	of the position.
Si	ignature of New Reg	istered Agent. is	f 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	<u>Address</u>	Type of Action
			Add \(\begin{array}{c} \text{Add} \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DEC.	WILLIAM I. Moore	2514 GUAVA DX P.O FLA. 32128	>

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			ı
	·		
provisi	mendment provides for an exchange, r	eclassification, or cancellation of if not contained in the amendme	issued shares, nt itself:
(if r	not applicable, indicate N/A)	:	:

The date of each amendment	t(s) adoption:(date of adoption is required)
Effective date if applicable:	
<u></u> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated	7/6/10
seld	y a director, president or other offices – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Tryped of printed name of person signing) 396 295 3799
	Pres (Title of person signing)