## P04000043399

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(Add	lress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: David Dorman	<del></del>	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUM	IBER:		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	David Dorman		
		Name of Contact Person	n
	David Dorman Inc.		
		Firm/ Company	
	295 Highbrooke Blvd		
		Address	
	Ococe, Fl 34761		
		City/ State and Zip Cod	e
dav	id@daviddorman.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	·
David Dorman		at ( <u>321</u>	293-2240
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)
Ar Di P.	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

DAVID DORMAN, INC.

2017 APR 27 PH 12: 41

(Name of Corporation	as currently filed with the Florida Dept. of State)
	P04000043399
(Documen	nt Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obbreviation "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRE	PESS )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1
(mulling dudiess MAT DE A 1031 OFFICE BOX)	
If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
Nume of their negistered rigent	
Name of New Neglislerett Ngem	
	(Florida street address)
New Registered Office Address:	(Florida street address), Florida

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	V		SCOTT PENYAK	295 HIGHBROOKE BLVD
Add				OCOEE, FL 34761
X Remove				
2) Change	<del></del>			
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
				·
6) Change	-	<del>_</del>		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	- A A A A A A A A A A A A A A A A A A A

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
4/25/2017 Dated		
G!4	Mr.	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	<del></del>
	David Dorman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	