# P04000063322

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE D	-PAD INC					
	er: <u>P04000063</u>						
The enclosed Articles a	of Amendment and fee are su	bmitted for filing.					
Please return all corresp	pondence concerning this ma	tter to the following:					
-	KATHERIN	E QUILITZ  Name of Contact Person	1				
-		Firm/ Company					
	1306 SUTHERLAND DR.  Address  PAMHARBOR, FL 34683  City/ State and Zip Code						
-		Address					
_	PAMHARB	OR, FL 34683					
		City/ State and Zip Code	e				
	KBQUILITZ E-mail address: (to be us	ed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
KATHERINE Q	U)117 <b>ス</b>	ar ( <b>7</b> 2.7	1631-7480				
Name o	f 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	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 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					

Tallahassee, FL 32301

# **Articles of Amendment** Articles of Incorporation of

# THE D-PAD INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P04000063322		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ac its Articles of Incorporation:	lopts the fo	ollowing amendment(s
A. If amending name, enter the new name of the corporation:		
DRUM LIFE INC  name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	rated" or ution name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the nannew registered agent and/or the new registered office address:  Name of New Registered Agent		
Name of New Registered Agent		
(Florida street address)	<del></del>	
New Registered Office Address:	. Florida	
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligation.  Signature of New Registered Agent, if changing	s of the position of the posit	sition.
Signature of New Negisterea 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 Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>nes</u>		•
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change					
Add					
Remove					
3 ) Change		_		<del>_</del>	<u></u>
Add					
Remove					<del></del>
4) Change		_			
Add					
Remove					
5) Change		_	<u> </u>		
Add					
Remove					
6) Change					
		-			
Add					
Remove					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 8/10/2017  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	Il not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by"	
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	
Signature MA A O	
(By a director, president or other officer – if directors or officers have not been	<del></del> ,
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)	N:
\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\fraca	
Vice tresident	
(Title of person signing)	