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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Designing Events, Inc. DOCUMENT NUMBER: 20-1240597 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amanda Hunczak Name of Contact Person Designing Events Pro, Inc. Firm/ Company 841 Prudential Drive, 12th Floor Jacksonville, FL 32207 City/ State and Zip Code Amanda@DesigningEventsPro.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \underbrace{(904)}_{Area\ Code} \underbrace{278\text{-}8114}_{\&\ Daytime\ Telephone\ Number}$ Amanda Hunczak Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

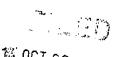
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment Articles of Incorporation



Designing Events, Inc.

符 OCT 30 PH 3:09

(Name of Corporation as currently filed with the Florida Dept. of State) 20-1240597

nt(s) to

(Document Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new name of the corporation Designing Events Pro, Inc.	n <u>:</u> . The new	
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviate	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	841 Prudential Drive, 12th Floor	
	Jacksonville, FL 32207	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		
Name of New Registered Agent N/A		
№ 17 A	la street address)	
New Registered Office Address: N/A	, Florida	
(1)	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil		
Signature of New Popiera	rud Agant if akanging	

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 <math>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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	
Ađd				
Remove				,
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		•		· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change	······································			
Add				<u></u>
Remove				
6) Change				
Add			•	<u> </u>
Remove				

E. If amending or adding add (Attach additional sheets, if	necessary). (Be spec	ific)		•
N/A				
·				
				,
		· · · · · · · · · · · · · · · · · · ·		
•				
. If an amendment provides	for an avehance recl	seification or conc	allation of issued share	6
provisions for implement	ing the amendment if	not contained in the	amendment itself:	<u>31</u>
(if not applicable, indi	cate N/A)			
N/A				

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The date of each amendment(s)	adoption: N/A	, if other than the
date this document was signed.		·
Effective date if applicable:	/A	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 10/13/2	2014	
Signature(amanda Huruyak	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Amanda Hunczak	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	