From: Roman Albano 1/3/13



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.

(((H13000002686 3)))



H130000026863ABC-

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:

Account Name : CONTRACTORS REPORTING SERVICES

Account Number : I20050000099

Phone

: (813)932-5244

Fax Number

: (813)932-3782

\*\*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 D & S HOME SOLUTIONS, INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

4 2013

T: LEWIS

From: Roman Albano

Fax: (813) 932-3782

To:

Fax: +1 (850) 617-6380

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	D & S HOME SOLUTIONS,	INC
DOCUMENT NU	MBER:	P04000134365	·
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
-		ROMAN ALBANO	
	1	Name of Contact Person	
	CONTRACTORS	REPORTING SERVICE, INC	<u> </u>
		Firm/ Company	
-	1379	5 N Nebraska Ave	
		Address	
. •		ampa, FL 33613	
	· ·	City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further informa	ation concerning this matter.	, please call:	
	OMAN ALBANO	at (813) 932-	5244
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	r for the following amount r	nade payable to the Florida Depart	ment of State:
☐ \$35 Filing Fee	☐ S43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac		Street Address	
Amendmen Division of	t Section Corporations	Amendment Section Division of Corporations	
P.O. Box 63	327	Clifton Building	
Tallahassee	e, FL 32314	2661 Executive Center Circle	e

Tallahassee, FL 32301

From: Roman Albano

Fax: (813) 932-3782

Fax: +1 (850) 617-6380
Articles of Amendment

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FILED

to
Articles of Incorporation
of

2013 JAN -4 AM 8: 29

D & S HOME SOLUTIONS, INC

(Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORIDA

#### P04000134365

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

n the word "corporation," ' the designation "Corp," "Inc,' professional association," or th	The ne 'company," or "incorporated" or to " or "Co". A professional corporation "P.A."
pplicable: EET ADDRESS )	
oke: FICE BOX)	
r registered office address in egistered office address:	Florida, enter the name of the
•	
(Florida street aa	ldress)
	he designation "Corp," "Inc, rofessional association," or the pplicable:  EET ADDRESS)  le: FICE BOX)

From: Roman Albano

Fax: (813) 932-3782

Fax: +1 (850) 617-6380

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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)

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	SHERYL DIXON	16118 MARSHFIELD DR TAMPA FL 33624	Add Remove
			☐ Add ☐ Remove
			☐ Remove
		:	
			5.5
		ange, reclassification, or cancellation of issu dment if not contained in the amendment its	
(if r	not applicable, indicate N/A)		
STATES	THAT SHE WILL CANCEL	ON OF OFFICERS, SHERYL DIXON L & WAIVE ALL RIGHTS TO ALL S E REISSUED TO DAVID DIXON.	

Fax: +1 (850) 617-6380

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# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SHERYL DIXON	, hereby resign as VICE PRESIDENT
	(Title)
of D&S HOME SOLUTIONS, INC	
(Name	of Corporation)
P04000134365 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_ <del>-</del> -
· .	SPA
(;	Signature of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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

The date of each amendme	ent(s) adoption: 01/03/2012
Effective date if applicable	(date of adoption is required)
enective date <u>if applicable</u>	(no more than 91) days after amendment file date)
Adoption of Amendment(s	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
• •	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated 03	1/03/2012
S	By a director, president or other officer — If directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	SHERYL DIXON
	(Typed or printed name of person signing)
	VP