P05000051833

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TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	RATION: ADDRY AND ED	Y DESIGNER, INC		
DOCUMENT NUME	BER:			,
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	AIXA AVILES			
		Name of Contact Person	n	•
	EQUINOX SOLUTIONS			
		Firm/ Company		
	2800 SOUTH ORANGE BL	OSSOM TRAIL		
		Address		
	ORLANDO, FL 32805			
		City/ State and Zip Cod	e e	
a.avile	es@eq-so.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		SECRE OLVISION 17 JU
AIXA AVILES		407	850-7280	200
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	THE TARY OF STATE ON DOWN THE TARY OF CORPURATION AND THE PROPERTY 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)	Zu Jighs
	ling Address ndment Section		Address Iment Section	

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ADK I AND EDI INTERIOR DESIGNER, INC.		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P05000051833		
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		77
	rd "corporation," "company," or "incorporated" or the o," "Inc," or "Co". A professional corporation name must abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	·	- 1 Sec.
D. If amending the registered agent and/or register new registered agent and/or the new registered		を
	<u></u>	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
<u></u>		OF STATE REGISATIO AM II: 26
	(Florida street address)	:2 126
New Registered Office Address:	, Florida	
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Reg	ristered Agent:	
	I am familiar with and accept the obligations of the position	1.
Cion	ature of New Registered Agent, if changing	_
Sign.	mare of new registered rigent, 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	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	DIREC	:	GUERRERO JUAN G	6583 STARDUST LN
Add				ORLANDO, FL 32818
X Remove				
2) Change	DIREC	; -	ANTONIO ALEXIS ORREGO	3118 REDWOOD NATIONAL DR
X Add				APT 4002
Remove				ORLANDO, FL 32837
3) Change				
Add				
Remove			•	
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Damovio				

Attach additio	r adding additional Articles, enter ch nal sheets, if necessary). (Be specific	<u>ange(s) nere</u> .)	
	· · · · · · · · · · · · · · · · · · ·		
provisions fo	ent provides for an exchange, reclass rimplementing the amendment if not plicable, indicate N/A)	ification, or cancellation of issu contained in the amendment i	<u>ied shares,</u> tself:
 			

	05/23/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	(22/2017	
Effective date if applicable:	/23/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
- ,	(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	
05/23/20 Dated	17	
Signature	Idoon Darado	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	EDISON DORADO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	