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COVER LETTER

, Division of Corporations
NAME OF CORPORATION: Dan Andemy Inc.
DOCUMENT NUMBER: POTDODO 3617
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latayette Ovin Name of Contact Person
Dana Andemy Firm/Company
1715 Lake Chaman Dr. #20)
Brondon FL 33510 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at (83) 770-3833 Name of Contact Person at (80) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Additional copy is enclosed\$\\ (Additional Copy is enclosed)\$\\ \bigcup \\$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)\$\\ (Additional Copy is enclosed)\$\\
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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

oration

Cercy + C.

Florida Dept. of State)

(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:

me must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the me:must contain the word "chartered," "pr	he designation "Corp," "Inc," or '	"Co". A professional corpo
Enter new principal office address, if an rincipal office address MUST BE A STRE		
1 33		
		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
		ida, enter the name of the
new registered agent and/or the new reg		ida, enter the name of the
If amending the registered agent and/or new registered agent and/or the new registered Agent:		ida, enter the name of the
new registered agent and/or the new reg		
<u>Name of New Registered Agent:</u>	gistered office address:	

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)

Title VD	Name Heather Scotrook	<u># 70/</u>	Type of Action Add Remove
VP	Sherry Archibald	Brandon, FL 33510 1715 Lake Chapman # 201 Brandon Fl 33611	Add Remove
			☐ Add ☐ Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
			
provisio	endment provides for an exchange, reclassion in the same of the sa		
	J		

The date of each amendment((s) adoption: 4-31-10
T-0041 1-410	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wern action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	21-18
selec	a 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 sinted fiduciary by that fiduciary)
	Latayette Colvin (Typed or printed name of person signing)
	(Title of person signing)