P07000058088

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SALLAHASSEE, FLORIDA

John John Mary J

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Downton	on Divas of	Volusia	County, Inc.
	MBER: P0700			•
The enclosed Article	es of Amendment and fee a	re submitted for filing	3.	
Please return all corn	respondence concerning thi	s matter to the follow	ing:	
	Cam Amici	of Contact Person)		
	(Fir	m/ Company)		
<u></u>	209 E Kentuck	y Ave (Address)		
	Deland, FL 3			
For further informat	City/ St ion concerning this matter,	ate and Zip Code) please call:		
	mici of Contact Person)	at (631 - 30 & Daytime Telep	
Enclosed is a check	for the following amount m	ade payable to the Fl	orida Departm	ent of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

Articles of Amendment

to

Articles of Incorporation of

Downtown Divas of	Volusia County, Inc.
(Name of Corporation as currently filed	with the Florida Dept. of State)
P07000058088	<u> </u>
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida following amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corpo	oration:
Dressed, Inc.	
The new name must be distinguishable and contai "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must cassociation," or the abbreviation "P.A."	in the word "corporation," "company," or r Co.," or the designation "Corp," "Inc," or ontain the word "chartered," "professional
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	Deland, Fl 32724
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OBOCT-E SECRETAR AND AHASS
D. <u>If amending the registered agent and/or registered</u>	11
new registered agent and/or the new registered offi	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	red Agent: I am familiar with and accept the obligations of the
	f New Registered Agent, if changing
S.g.a.a.e o	, A TO TO A TOO BOTO A TAGE IN A TO THE METERS

• 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
4-11-1-1-1-			☐ Add ☐ Remove
	 		☐ Add ☐ Remove
	ding or adding additional Arti		
<u>provisi</u>	mendment provides for an excons for implementing the ament applicable, indicate N/A)	hange, reclassification, or cancella ndment if not contained in the ame	tion of issued shares, endment itself:

The date of each amendment(s) ad	ioption: (C)= (= O 4	
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/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the officient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
(voti	ng group)	
action was not required.	opted by the board of directors without shareholder action and sopted by the incorporators without shareholder action and so	OCT.
Dated 10-1		1 9: 07 STATE FLORIO
Signature _	m.M. Amici	
(By a din selected,	ector, president or other officer – if directors or officers ha by an incorporator – if in the hands of a receiver, trustee, of d fiduciary by that fiduciary)	
(Cam M. Amici	
- Control of the Cont	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	