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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of	free freeze tours
DP Management, INC.	10 APR -5 PH 4: 02
(Name of Corporation as currently filed with the Florida Dept. of St	ate) ALLAHASSEE, FLORID
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> amendment(s) to its Articles of Incorporation:	Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company!" abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". name must contain the word "chartered," "professional association," or the abbrevia	The new or "incorporated" or the A professional corporation tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Superior W	12 Street 54880
D. If amending the registered agent and/or registered office address in Florida, en new registered agent and/or the new registered office address:	ter the name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
(City) (Z	, Florida ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the	obligations of the position.
Signature of New Registered Agent, if ch	anging



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>	<u>Name</u>	Address	Type of Action
		<u> </u>	☐ Add☐ Remove
	ling or adding additional Articles, en Iditional sheets, if necessary). (Be sp		
<u>provisio</u>	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		

The date of each amendment(s) adoption: 3-27-20/0
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Fred Paine (Typed or printed name of person signing)
(Typed or printed name of person signing)