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| (F | Requestor's Name) |
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| (<i>P</i> | address) |
| (<i>F</i> | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (E | Business Entity Name) |
| (C | Occument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: | DENNCORP INC. | | | |
|--|---|--|--|--|--|
| DOCUMENT NUMBE | R: | P08000066976 | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | | |
| Please return all correspondent | ondence concerning this mat | tter to the following: | | | |
| | | MIRIAM HENGGE | | | |
| _ | | Name of Contact Person | | | |
| _ | | Firm/ Company | | | |
| | | 17643 S.W. 5TH STREET | | | |
| _ | | Address | | | |
| | PEN | MBROKE PINES, FL 33029 | | | |
| | | City/ State and Zip Code | | | |
| | | lhengge@nexpub.com | | | |
| | E-mail address: (to be us | ed for future annual report r | notification) | | |
| For further information of | concerning this matter, pleas | se call: | | | |
| MIRIAM HENGGE | , | at (954 | 430-0599 | | |
| Name of | Contact Person | Area Cod | e & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabasses, FL 32314 | | Division Clifton | Address nent Section n of Corporations Building recutive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| | | | כ דשטייי | |
|--|--|-----------------------------|---------------------------------|-------------------------------------|
| | Articles of Incorporation of DENNCORP INC. of Corporation as currently filed with the P08000066976 | ĨÁ | SECRETARY | AM 9:41 |
| (Name o | of Corporation as currently filed with the | Florida De | pt. of State | Or STATE |
| | P08000066976 | | | LURIDA |
| | (Document Number of Corporation (if | (known) | | |
| rsuant to the provisions of section 607. Articles of Incorporation: | 1006, Florida Statutes, this Florida Profit C | Corporation | adopts the foll | owing amendment |
| If amending name, enter the new na | me of the corporation: | | | |
| | | | | The new |
| ime must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa | tain the word "corporation," "company, ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A." | " or "incor sional corpo | porated" or t pration name s | ne abbreviation nust contain the |
| Enter new principal office address, | | | | |
| Principal office address <u>MUST BE A S</u> | INCEL NOOKLOD) | | | |
| rincipal office address <u>MUST BE A S</u> | | | | |
| rincipal office address <u>MUST BE A S</u> | | | | |
| Tincipal office address MUST BE A S. Enter new mailing address, if appli | | | | |
| | cable: | | | |
| . Enter new mailing address, if appli | cable: | | | |
| . Enter new mailing address, if appli | cable: | | | |
| Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> | Cable: OFFICE BOX) | onton the n | ama of the | |
| Enter new mailing address, if appli (Mailing address MAY BE A POST) | deable: OFFICE BOX) ad/or registered office address in Florida, | enter the n | ame of the | |
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| Enter new mailing address, if applia (Mailing address MAY BE A POST of the Mailing address of the Mailing address, if applia (Mailing address) if applia (Mailing addre | ad/or registered office address in Florida, w registered office address: MIRIAM HENGGE 17643 S.W. 5TH STREET | enter the n | ame of the | 029 |

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 Doe | |
|----------------------------|--------------|---------------|--|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | DENNIS HENGGE | 17643 S.W. 5TH STREET |
| , Add | | | PEMBROKE PINES, FL 33029 |
| X Remove | | | |
| 2) Change | P | MIRIAM HENGGE | 17643 S.W. 5TH STREET |
| X Add | | | PEMBROKE PINES, FL 33029 |
| Remove | _ | | |
| 3) Change | <u>s</u> | DENNIS HENGGE | 17643 S.W. 5TH STREET |
| X Add | | | PEMBROKE PINES, FL 33029 |
| Remove | | | |
| 4) Change | T | DENNIS HENGGE | 17643 S.W. 5TH STREET |
| X Add | | | PEMBROKE PINES, FL 33029 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| б) Change | | | |
| Add | | | |
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| f an amendment provides for an exchange, reclassification, or oppositions for implementing the amendment if not contained in | cancellation of issued shares, |
| f an amendment provides for an exchange, reclassification, or oppositions for implementing the amendment if not contained in (if not applicable, indicate N/A) | cancellation of issued shares, the amendment itself: |
| provisions for implementing the amendment if not contained in | cancellation of issued shares, the amendment itself: |
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| provisions for implementing the amendment if not contained in | cancellation of issued shares, n the amendment itself: |

| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|---------------------------|
| | |
| Effective date if applicable: (no more than 90 days after amendment file date) | <u> </u> |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | will not be listed as the |
| 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) | |
| (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 10/25/2015 | |
| Signature Miriam Henry | |
| (By a director, president or other officer – if directors of officers have not been | _ |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| MIRIAM HENGGE | |
| (Typed or printed name of person signing) | |
| VICE PRESIDENT | |
| (Title of person signing) | |