

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6380

## From:

Account Name : AMERICAN ACCOUNTING SERVICE, INC.  
Account Number : 104737003316  
Phone : (941) 747-9292  
Fax Number : (941) 748-7626

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09 SEP 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

SHC DK, INC.

Certificate of Status	0
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**COVER LETTER**

H0900002034773

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SHC DK, Inc.

DOCUMENT NUMBER: P09000018381

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ami Shaw

Name of Contact Person

American Accounting

Firm/ Company

357 6th Ave W

Address

Bradenton FL 34205

City/ State and Zip Code

Vera@ameracct.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vera Hornyak

Name of Contact Person

at ( 941 )

747-9292  
Area Code & 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 &  
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☐ \$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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H0900002034773

Articles of Amendment  
to  
Articles of Incorporation  
of

SHC DK, Inc.

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

P09000018381

(Document Number of Corporation (if known))

FILED  
09 SEP 18 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip 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 changing

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**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>	<u>Address</u>	<u>Type of Action</u>
D	Sonny Volder	Toelloesevej 202 4340 Toelloese Denmark	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Jan Hendriksen	Toelloesevej 202 4340 Toelloese Denmark	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Jlmmi Nielsen	Toelloesevej 202 4340 Toelloese Denmark	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: February 26th 2009

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(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

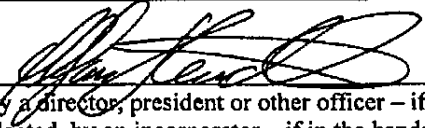
Adoption of Amendment(s)

(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 9-17-09

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)

Stefan Hendriksen

(Typed or printed name of person signing)

Director

(Title of person signing)

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