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(Re	questor's Name)	·
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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	D M B PRO	DFESSION	AL TOL	JCH, INC
DOCUMENT NUMBER:			P090000	040901	
The enclosed Articl	es of Amendment an	nd fee are submit	ted for filing.		
Please return all cor	respondence concerr	ning this matter t	o the followin	g:	
_		MARIA P			
		Name of Cor	tact Person		
_	DMI	B PROFESSIO	NAL TOUCH	H, INC	
		Firm/ Co	ompany		
_		32 DORSE	T DRIVE		
		Addı	ress		
_	K	KISSIMMEE, FL	ORIDA 347	58	
		City/ State ar	d Zip Code		
	Mickel. De	MB @ Live o be used for future	. COM	tification)	
	(,	
For further informat	ion concerning this r	matter, please ca	11:		
	ERT ROTHFELD	at (_	407)_		32-3499
Name o	f Contact Person		Area Code & I	Daytime Tel	lephone Number
Enclosed is a check	for the following am	nount made paya	ble to the Flor	ida Depar	tment of State:
▼ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Statu	ıs Ce	3.75 Filing Fee & ertified Copy dditional copy is		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Stre	et Address		
Amendment Section			Amendment Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327			Clifton Building		
Tallahassee El 32314		2661	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of American to

Articles of Incorporation of

D M B PROFESSIONAL TOUCH INC

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

POGO00040901

(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations of the contain the word "corp."	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	639 ARROW Lane
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissimmee, FL 34746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	639 ARROW Lane Kissimmee, FL 34746
	Kissimmee, FL 34746
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
	1 Brien Castro
32 00	rset on.
· · · · · · · · · · · · · · · · · · ·	ida street address)
<u>Kissi</u> (City)	MMRE , Florida 34758 (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent:
Thereby accept the appointment as registered agent. Tam jami	that with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
	/

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>Name</u>	Address	Type of Action
<u>0 - Pres</u>	MICKEL CASTRO	32 DORSET DRIVE KISSIMMEE, FL 34758	
			□ Add □ Remove
	ng or adding additional Articles, litional sheets, if necessary). (Be		
provision		ge, reclassification, or cancellation o ent if not contained in the amendme	
provision (if not	s for implementing the amendm applicable, indicate N/A) P. Contex	President 51	

The date of each amendment(s) a	doption: 1/1/2010
	(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/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east f	for the amendment(s) was/were sufficient for approval
by	ing group)
(von	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/1/2010
Signature W	tria P. Corta
(By a dir	ector, president or other officer - indirectors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	MARIA P CORTEZ
•	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)