Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000127815 3)))



H180001278153ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

Ta:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:
-------	----------

## COR AMND/RESTATE/CORRECT OR O/D RESIG DELAVACO HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 24 2019

T. LEMBEUX



Articles of Amendment to Articles of Incorporation of

DELAVAÇO HOLDINGS, INC.	•		
* *** ***	ently filed with the Florida De	pt. v(State)	
P09000059103			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation	adopts the following ames	ndment(s) to
A. If amending name, enter the new name of the corporation	<u>ù:</u>		
		Tho	пен
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Go.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevial	or "Co". A professional corpo	porated" or the abbrevil Pation name must contain	ation n the
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)			<del></del>
	<u> </u>	·	<del></del>
			<del></del> .
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)			
			<del></del> :
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	a address in Florida, enter the a	agme of the	·
Name of New Registered Agent			
(Flor	ida street address)		
William Donation of Comment Addisons		, Florida	
New Registered Office Address:	(Ctry)	(Zip Code)	<del></del>
New Registered Agent's Signature, Mchanging Registered	Agent:	and the second	
I hereby accept the appointment as registered agent. I am fan	iliar with and accept the obligat	, , , , , , , , , , , , , , , , , , ,	
		*	
		2	
Signature of	New Registered Agent, if changing	w W	
· • · · · •	· · · · · · · · · · · · · · · · · · ·	- 15 D	1. B.
			المسيح
		200 PM	

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 PSI 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, PI as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	PT	John Doe	
X Ramove	Ψ.	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Charige	p	ANDREW DEFRANCESCO	811 PONCIANA DRIVE
Add X Remove			FT. LAUDERDALE, FL 33301
2) Change	P	CATHERINE DEFRANCESCO	2300 B. LAS OLAS BLVD
X Add			STH FLOOR
Remove		,	FT. LAUDERDALE, FL 33301
3 ) Change	<u> </u>		
Add			
Remove			
4)Change			
Add			
Remove			
S)Change	<del>- : . :</del>		
Adà			
Remove			
6)Change			
Ad4			
Remove			

	15.51	3052201440	LAZARUS	CORPORATE	
23/2018	to.ar				
,		,			
		•		•	
E. If ame	nding or ac	lding additional Articles sheets, if necessary). (E	enter change(s) here:		
(Aftach	additional.	sheets, if necessary). (E	e specific)		
			<del></del>	<del></del>	
		,	,	•	
-,-	, , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<del></del>	···	
•					
<del></del>					
	·				
	•				
	<del></del>			<del></del>	
	·				<u></u>
	•		, ,		,
	<del></del>	<del> </del>	<del> </del>		
-					
<del></del>	<del></del> .				
•					
	<del></del>	<del></del> _			
				,	<del></del>
<del></del>					
	·		<del></del>	, ,	
	· .				
	·			,	
r. Itani	o <u>nséadme</u> nt		e. rec[assificallop, or cancella	flow of Issued shares.	
F. Itania	eiséadment isions far In		e, reclassification, or cancella tent if not contained in the an	tion of issued thares, rendment itself:	
F. Itanis prov	insendment isloui for In if not applic		re, reclassification, or cancella neut if not contained in the an	flon of Issued shares, lendment figelf:	
F. Itania prov	ikendment isions for In if not applic		e, reclassification, or cancella sent if not contained in the an	tion of issued thates, tendinent fielfs	
F. Itanis	incéndment isops for In if not applic		erreclassification, or cancella sent if not contained in the an	tion of issued skares, tendment fiself:	
F. Itana	eitsendinent istope for In if not applic		e, reclassification, or cancella tent if not contained in the an	flon of Issued shares, lendment fiselfs	
F. Itana	ikténdment isions far in if not applic		e reclassification of cancella pent if not contained in the an	flon of Issued skares. tendment fiself:	
F. Itania	ikéndikent isiopi for In if not applic		re, reclassification, or cancella gent if not contained in the ar	tion of issued thates, tendment itselfs	
F. Itania pror	inténdment istops for In if not applic		e-reclassification, or cancella tent if not contained in the an	tion of issued thares, tendment itself:	
F. Itania	vicendinent istopi for In if not applic		re, reclassification, or cancella tent if hot contained in the an	tion of issued thares, nendment fiself:	
F. Itana	eigéndment istops for In if not applie		e, reclassification, or cancella gent if hot contained in the an	flon of issued shares, tendment ficelf:	
F. Itania	ikéndikent isiopi for In if not applic		gerreciassification, or cancella gent if not contained in the un	tion of issued tharea. tendinent fiselfs	

	DECEMBER 31, 2015	
The date of each amendment(s) ad date this document was signed.	option:	, if other their the
Effective date <u>if applicable</u> :		
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after umand	ment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filin artment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sal	nted by the shareholders. The number of votes ex licient for approval.	ast for the amendment(s)
The amendment(s) was were app must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on	The following statement the amendment(s):
	or the amendment(s) was/were sufficient for app	roval
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholds	er action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder ac	tion and shareholder
Dated A	61 23/18	
Signature	123/18 DB18	
(By a di sciectes	rector, president or other officer — if directors or I, by an incorporator — if in the hands of a received fiductory by that fiductory)	
	(Typed or printed name of person sig	LINEASCO ningi
	Resident (Title of person signing)	