70900064145

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100280062441

12/17/15--01012--006 **35.00

SECRETARY OF STATE
THIS LEASE F. FLORID

DEC 1 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DECAC	ORP INC.	
NAME OF CORPORATION: DOCUMENT NUMBER:	P0900	0064145	
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
	TRO	Name of Contact Person	
		Name of Contact Person	n
	U.	ECAMPRE INC.	
<u></u>		Firm/Company	
		Address	AVE., STE 210
	001	00100 54 5	?280/ e
	URL	City/State and Zin Cod	2801
		Cityr State and Zip Cod	•
	tro	oya right brainsed for future annual report	media.com
E-mai	l address: (to be us	sed for future annual report	notification)
			,
For further information concerning	g this matter, pleas	se call:	
TROY BUBLE	4	at (239	de & Daytime Telephone Number
Name of Contact I	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
			_
	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
Cen	incate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy
		enclosed)	(Additional Copy
		·	is enclosed)
Mailing Addre	66	Straat	Address
Amendment Sec			Iment Section
Division of Cor	porations	Divisio	on of Corporations
P.O. Box 6327		Clifton	Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

	of	
DECACORP IN	Uc.	
(Name of Corporation	as currently filed with the Florida Dept.	of State)
P090006	4145	
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab B. Enter new principal office address, if applicable:	"Inc," or "Co". A professional corporat	
(Principal office address MUST BE A STREET ADDRE		
		<u> </u>
C. Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)	NA	SRY 7
	•	9 P
		
D. If amending the registered agent and/or registered		e of the
new registered agent and/or the new registered off	fice address:	
Name of New Registered Agent		<u></u>
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
	·	
New Registered Agent's Signature, if changing Registe	anod A conti	
I hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligations	of the position.
	•	
- Ciamate.	tra of Nau Pagintanad Angus if alamain	
Signatu	re 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)

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		DEKE HOOPER	5841 MEDINAH WAY,
X Add			ORLANDO, FL 32819
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
if an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	•

The date of each amendment(s), adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 DECEMBER 11. 2015
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)
C. DWIGHT HOOPER
C. DWIGHT HOOPER (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)