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Amend (a.10.8.13

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** NAME OF CORPORATION: XDDS, Inc. DOCUMENT NUMBER: \_ 31 000000 2263 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sozi Eggleston Avenue #A

Address address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 407 ) 212-3003

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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

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	Articles of Amenda to	ient		
	Articles of Incorpora	ıtion		
	of			1/2
XDDS, In	yc	<del></del>		4)
~ .	currently filed with the Florida	Dept, of State)		
7100000		<del></del>	<u></u> -	
(Document	Number of Corporation (if know	n)		
ant to the provisions of section 607.1	306, Florida Statutes, this Florida	Profit Corporation add	opts the following	amendment(s) to
rticles of Incorporation:				
f amending name, enter the new nar	ne of the corporation:			
				The new
must be distinguishable and conta	in the word "corporation," "c	ompany," or "incorpor	rated" or the ab.	hreviation
rp.," "Inc.," or Co.," or the designa		A professional corporat	tion name must co	ontain the
l "chartered," "professional associati	on, or the aboreviation F.A.			
Enter new principal office address, it	applicable:			
ncipal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u> )			
	·			
Enter new mailing address, if applic	ahle:			
Mailing address <u>MAY BE A POST O</u>		<del> </del>		
-				
If amending the registered agent and	l/or registered office address in	Florida, enter the nam	e of the	
new registered agent and/or the new		,	<del></del>	
Name of New Registered Agent	Darlin Hadne	4.1		
<u> </u>		N		
	848 Breezeway	bress)		
	(1.3.,		Ga 412	
New Registered Office Address:	HPOPKA (City)	, Florida_	(Zip Code)	
	(60))		1-7 307	
v Registered Agent's Signature, if ch	anging Registered Agent:			
reby accept the appointment as registe	regarit. I am familiar with ar	nd accept the obligations	s of the position.	
	The second second			
	mature of New Pristered 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> <u>Joh</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	工	Yaritza Delorenzo	2125 Scaport Cir.
Add			#103
_X Remove			winter Park FL 32792
2) Change	7	Benisse Foundtree	348 Breezeway Dr.
Add			Apopka, FL 32712
X Remove	,		· · · · · · · · · · · · · · · · · · ·
3)Change		Barling Hadrigal	348 Breezeway Dr.
Add			Apopka, FL 32712
Remove			
4) Change	****		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add			
Remove			

	heets, if necessary).	(Be specific)			
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		ange, reclassifica	tion, or cancellation of	issued shares,	
an amendment p	provides for an exclusion	ndment if not con	toined in the omendme	nt itaalf.	
<u>rovisions for imp</u>	plementing the ame	ndment if not con	tained in the amendme	nt itself:	
<u>rovisions for imp</u>	provides for an exclude plementing the ame ble, indicate N/A)	ndment if not con	tained in the amendme	nt itself:	
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an amendment p provisions for imp (if not applicat	plementing the ame	ndment if not con	tained in the amendme	nt itself:	
<u>provisions for imp</u>	plementing the ame	ndment if not con	tained in the amendme	nt itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 east 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 9/24/13	
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)	
Pedro Laboro	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	<b></b>

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