P10000017647

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SECTION OF STATE

ALLAMASSEE FI DONN.

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COVER LETTER

TO: Amendment Section Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Amendment

to

Articles of Incorporation

Name of Corporation as currently filed with the Florida Dept. of State)
P10000017647 (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
D FAMILY DRY CEANING, FNC- 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) FL 2 audir dell FL 33304
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1335 NE 4th Ave Ft Louder devil
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) (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 passition.
Signature of New Registered Agent, if changing

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<u>If amen</u> (a <i>ttach a</i>	ding or adding additi dditional sheets, if nec	onal Articles, ente essary). (Be spec	r change(s) here: /\(\text{ific}\)	ONE
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provisi		the amendment i	classification, or cancel I not contained in the ar	
<u>provisi</u>	ons for implementing	the amendment i		

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: 3/17/20/0				
, r. Recession des le condicable.	(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/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.			
	re approved by the shareholders through voting groups. The following statemen d 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated 3	-/17/2010			
selo	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
	Donance G. De Cide (Typed or printed name of person signing)			
	Prese dent			