

P10000035980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600304772896

10/23/17--01023--024 **35.00

S TALLENT
NOV 07 2017

FILED
17 NOV -3 AM 12:39
SOUTH ALABAMA
COURT HOUSE

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

RAMSES DESINOR
DNA PROFILES INC.
1509 NE 167 STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: DNA PROFILES INC.
Ref. Number: P10000035980

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 1 OF 4, PLEASE PLACE CURRENT NAME AND DOCUMENT NUMBER OF THE CORPORATION AT THE TOP OF THE PAGE.

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 617A00021479

RECEIVED
17 NOV -3 PM 1:56
DIVISION OF CORPORATIONS
TALLEHESSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DNA Profiles Inc.
DOCUMENT NUMBER: P10000035980

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMSES Desinor
Name of Contact Person
DNA Profiles Inc.
Firm/ Company
1509 ne 167 street
Address
north Miami beach FL, 33162
City/ State and Zip Code
dnaprofiles@.yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YMOXD Desinor at (305) 305-1417
Name of Contact Person 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 & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status 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

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

DNA Profiles Inc.

(Document Number of Corporation (if known))

D10000035980

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

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)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

FILED 17 NOV -3 AM 12:39

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: RAMSES DESINOR
20335 NE 13 CT, North Miami beach FL 33179
New Registered Office Address: 1509 NE 167 Street, Florida FL 33162
North Miami Beach (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 position.

[Handwritten Signature]

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)

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change	<u>CEO, owner</u>	<u>RAYMOND DESINOR</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____

2) <input type="checkbox"/> Change	<u>CE, Owner</u>	<u>RAMSES A. DESINOR</u>	_____
<input checked="" type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Ownership of this business is simply being transferred to my brother "Ramesh Desai".

because I'm struggling with some serious medical issues interfering with my ability to manage a business.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: January 1, 2018
(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)

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 10-17-17

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)

RAMSES DESINO
(Typed or printed name of person signing)

CEO, OWNER
(Title of person signing)