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10/7/14

COVER LETTER

TO: Amendment Section Amend

Division of Corporations NAME OF CORPORATION: MARIO DESLAURIERS, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIO DESLAURIERS Name of Contact Person MARIO DESLAURIERS, INC. Firm/ Company 2872A WINDING OAKS LANE Address WELLINGTON, FL 33414 City/ State and Zip Code mary@mpandwcpa.com E-mail address: (to be used for future annual report notification) parties of the property of For further information concerning this matter, please call: MARIO DESLAURIE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

of

FILED

(Zip Code)

MARIO S DESLAURIERS INC		2014 SEP 29 PM 1: 36
(Name of Corporation as currently filed w	vith the Florida Dept. of State)	- SHIA SEL SO
P10000065075		SCORETARY OF STATE
(Document Number of Corp	poration (if known)	TALLAHASSEL: FLUNIDA
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:	,
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	lnc," or "Co". A professional cor	The new orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent		name of the
	(Florida street address)	
New Registered Office Address:	, Flo	rida

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.

Signature of New Registered Agent, if changing

(City)

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>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	LISA DESLAURIERS	2872A WINDING OAKS LA
Add			WELLINGTON, FL 33414
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
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(stisəqs əf)	f necessary).	lditional sheets, i	Attach at
:les, enter change(s) here:	ditional Artic	ing or adding ad	E. II amend

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	\cdot
_	(Title of person signing)
	PRESIDENT
	(Typed or printed name of person aigning)
_	MARIO DESLAURIERS
	(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)
-	Dated
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action and shareholder
	(quorg gaitoy)
	"·
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	The smendment(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 amendment(s) was/were authorient for approval. by the shareholders was/were sufficient for approval.
	Adoption of Amendment(s) (CHECK QNE)
-	Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)
	date this document was signed.
off can't than the	The date of each smendment(s) adoption: 9/15/2014