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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: DREAM	NWARKS OF DESTIN	I, INC.
DOCUMENT NU	MBER: <i>P//0000</i>	06031	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	MARK	BAILTEU	
	P	Name of Contact Person	
		Firm/ Company	
	435 Keeter	2 Rd.	
	CANTON, GA	Sity/ State and Zip Code Sity State and Zip Code	
	Mbai'ley @ick	entrity Ventures d for future annual report notification)	·Lon
For further information of the second of the	ntion concerning this matter,	please call: at (404) 509	7253
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a checl	k for the following amount n	nade payable to the Florida Depart	ment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac	ldress	Street Address	
Amendment Section		Amendment Section	
Division of	Corporations	Division of Corporations	
P.O. Box 63	327	Clifton Building	
Tallahassee	FL 32314	2661 Executive Center Circle	<u>a</u>

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Name of Corporation as curre	F LLSTIN, IN	de Dent of the UL 18 PM 4: 44
P110000060	ber of Corporation (if known	SECRETARY OF STATE
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "In	c," or "Co". A professional corporation
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u> <u>CE BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered agent:		in Florida, enter the name of the
New Registered Office Address:	(Florida street	address)
<u>.</u>		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing the hereby accept the appointment as registered as		and accept the obligations of the position.
——————————————————————————————————————	ignature of New Registere	ed 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)

<u>Title</u>	Name	Address	Type of Action
91	JOEL BAGGETT	403 N. MONTAGE SANTA FRA BEAL FL 32459	Add Remove
			
	<u> </u>		
	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, recons for implementing the amendment if ot applicable, indicate N/A)		

he date of each amendment(
ffective date <u>if applicable</u> :	(date of adoption is required)
rective date <u>if applicable.</u>	(no more than 90 days after amendment file date)
loption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
	7.8.2011
Signature	a director, president or other officer - if directors or officers have not been
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	pinted fiduciary by that fiduciary)
	Keigh MARKLAND BAILEY
	(Typed or printed name of person signing)
	Paraira
	Y/U So VIO AFF