

Mar 22 2011 9:01 AM

SBR USA, INC

407-297-0588

P. 1

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000074650 3)))



H110000746503ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407) 293-4646
Fax Number : (407) 297-0588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
DREAM HOUSE HOLDINGS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

FAX AUDIT # H11 000074650 3

NAME OF CORPORATION: Dream House Holdings, Inc.

DOCUMENT NUMBER: P11000008737

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

Please return all correspondence concerning this matter to the following:

James K. Duerr, CPA

Name of Contact Person

Small Business Resources USA, Inc.

Firm/ Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/ State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

Name of Contact Person

at (407)

298-4646

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

FAX AUDIT # H 11000074650 3

Articles of Amendment
to
Articles of Incorporation
of

FAX AUDIT #
H 110000746503

Dream House Holdings, Inc.

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

P11000008737

(Document Number of Corporation (if known))

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)

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)

_____, Florida
(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.

Signature of New Registered Agent, if changing

FAX AUDIT # H 110000746503

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)

FAX AUDIT #
H110000746503

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VPS	Lynn Thompson	1583 E. Silver Star Rd. Ste. 209 Ocoee, FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PT	Jae Y. Hong	1583 E. Silver Star Rd. Ste. 209 Ocoee, FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

Please switch the officers' titles. Originally Lynn Thompson was PT, but should be VPS.

Originally Jae Y. Hong was VPS, but should be PT.

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)

FAX AUDIT # H110000746503

The date of each amendment(s) adoption: March 21, 2011

FAX AUDIT #
H 110000746503

Effective date (if applicable): immediately
(date of adoption is required)
(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 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 March 21, 2011

* Signature Lynn Thompson
(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)

Lynn Thompson
(Typed or printed name of person signing)

President
(Title of person signing)

FAX AUDIT # H 110000746503