## P11000063757

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Designers XXI, Inc
DOCUMENT NUMBER: P11000663757
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Claudia Phillips  Name of Contact Person
<u>Clesion ersxx</u>
140 NW timerson Place
140 NW Emerson Place  Address  Boca Raton FL 33432  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Claudia Phillips at (561) 460.1184  Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (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 Articles of Incorporation**

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Artic	icles of Amendment
	to to
Article	les of Incorporation of
•	
DESIGNERS XXL, Ir (Name of Corporation as currently filed wi	
(Name of Corporation as currently med wi	(Ith the Fiorida Dept. of State)
P 1 0 00 063 15 1	601
(Document Number of Corpo	oration (if known)
	utes, this Florida Profit Corporation adopts the following amendment(s
Articles of Incorporation:	
If amending name, enter the new name of the corpora	ation:
	The new
ome must be distinguishable and contain the word "con Corp.," "Inc.," or Co.," or the designation "Corp," "In ord "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
Enter new principal office address, if applicable:	11
Enter new principal office address, if applicable:	11461 NN 37th PLACE
	/C\
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	/C\
Principal office address <u>MUST BE A STREET ADDRESS</u>	SUNRISE FL 33323
rincipal office address <u>MUST BE A STREET ADDRESS</u>	SUNRISE, FL 33323, 140 NW Emerson Place
rincipal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable:	SUNRISE FL 33323
rincipal office address <u>MUST BE A STREET ADDRESS</u> Enter new mailing address, if applicable:	SUNRISE, FL 33323, 140 NW Emerson Place
rincipal office address <u>MUST BE A STREET ADDRESS</u> Enter new mailing address, if applicable:	SUNRISE, FL 33323, 140 NW Emerson Place
rincipal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the
rincipal office address <u>MUST BE A STREET ADDRESS</u> <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the
rincipal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the e address:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the e address:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the e address:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered off new registered agent and/or the new registered office  Name of New Registered Agent	SUNRISE, FL 33323,  140 NW Emerson Place Boca Raton, FL 33432  ffice address in Florida, enter the name of the e address:

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	1	Clark Arevalo	11461 NW 37th place Sunrise, FL 33323
Add			Sunrise, FL 33323
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			·
		•	
6) Change	<u> </u>		
Add			
Remove			·

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Article III
Adding Brokerage services -10 Architectural Design/rendering services and Real Estate Rental.
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and hear Estade retribut.
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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)
999 shares issued to Claudia Phillips I share issued to Ronnie Phillips.
I share issued to Ronnie Phillips.
- 4e 41, - 4 p.

The date of each amendment(s) adoption: 2613
Effective date if applicable: 2/0/13  (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_2/6/12
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)
CLAUDIA PHILLIPS  (Typed or printed name of person signing)
PRESIDENT (Title of person signing)
LINE OF DELICOLARY HOLD