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TREASURY
FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DRR GOLD INC

DOCUMENT NUMBER: P11000088299

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

Please return all correspondence concerning this matter to the following:

DONALD ROGERS II

Name of Contact Person
DRR GOLD INC

Firm/ Company

1511 E IRLO BRONSON HIGHWAY

Address

ST-CLOUD, FL 34771

City/ State and Zip Code

IPACCOUNTINGTAXSERVICE@GMAIL.COM

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

For further information concerning this matter, please call:

DONALD ROGERS II at (321) 443-2201
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 **Street Address**
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED
2011 DEC -5 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DRR GOLD INC

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

P11000088299

(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**)

1511 E IRLO BRONSON HIGHWAY
ST CLOUD FL 34771

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

(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:

Amendment Secretary

Division of Corporations

P.O. Box 6017

Tallahassee, FL 32301

Amendment Secretary

Division of Corporations

Office Building

2nd Floor, Suite 100

Tallahassee, FL 32301

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) <u>P</u>	<u>GLORIA ROGERS</u>	<u>4159 BOB WHITE TRAIL</u> <u>ST CLOUD FL 34772</u>
2) <u>VP</u>	<u>DONALD ROGERS</u>	<u>4159 BOB WHITE TRAIL</u> <u>ST CLOUD FL 34772</u>
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

Title(s)	Name	Title(s)	Name
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Not a member of the corporation? If changed, please check "Not a member" box.

Not a member of the corporation? If changed, please check "Not a member" box.

Not a member of the corporation? If changed, please check "Not a member" box.

• (attach additional sheets, if necessary). (Be specific)

1. I HEREBY CERTIFY that the above named or designated person was the duly qualified agent of the principal at the time and place,

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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)

The date of each amendment(s) adoption: 12-1-11

Effective date if applicable: _____
(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 12/1/11

Signature Gloria P. Rogers
(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)

Gloria P Rogers
(Typed or printed name of person signing)

President
(Title of person signing)