P12000010148

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AMUNA, 14,14

COVER LETTER

. TO: Amendment Section

Division of Corp	porations		
NAME OF CORPO	RATION: Dryoutpro,	Inc.	
DOCUMENT NUM	BER: P1200001016	8	· · · · · · · · · · · · · · · · · · ·
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	Jacquelyn Howa	rd	
		Name of Contact Person	n
	Dryoutpro, Inc.		
		Firm/ Company	
	2815 SW Monteg	o Terrace	
		Address	
	Stuart, FL 34997		
		City/ State and Zip Cod	e
im	howard@dryoutpr	o com	
<u>''''(</u>		sed for future annual report	notification)
	D-man address. (to be de	sed for fature annual report	nonneanony
For further information	on concerning this matter, pleas	se call:	
Jackie Howard		at (772	260-3149
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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

Articles of Amendment to Articles of Incorporation of



Dryoutpro, Inc.	
(Name of Corporation as currently filed with t	the Florida Dept. of State)
P12000010168	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>a:</u>
NA	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviate	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3389 Sheridan Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	#466
	Hollywood, FL 33021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3389 Sheridan Street
	#466
	Hollywood, FL 33021
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 add	dress:
Name of New Registered Agent NA	
-	
•	da street address)
New Registered Office Address: NA	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	
Signature of New Registe	ered 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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
A	
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· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	mainent ii not containea in the amenament itsen:
Α	
<u> </u>	
	. —
- · · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:date this document was signed.	, if other than the						
Effective date if applicable: 6/24/14							
(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)							
(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 6/24/14							
Signature Algund Doward							
(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)							
Jacquelyn Howard							
(Typed or printed name of person signing)	_						
Director							
(Title of person signing)							