## P12000031933

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Office Use Only



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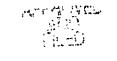
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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION:	vian Dunn Inc.					
DOCUMENT NUMBER: P12000031933						
The enclosed Articles of Amendment and fe	ee are submitted for filing.					
Please return all correspondence concerning	this matter to the following:					
	Brian Dunn					
	Name of Contact Person  Bian Dunn Inc					
(	D Box 137					
	Address $1/2$ $F/37337$					
	City/ State and Zip Code					
E-mail address:	(to be used for future annual report notification)					
For further information concerning this matt	er, please call:					
Bran Dun	at (550) 567-5684					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:					
\$35 Filing Fee \$\sum \partition \partition \text{\$43.75 Filing Certificate of \$}\$						
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 to



	Articles of Incorporation	15 MAY -1 PM 1: 24
Brian On	nn Inc	
(Name of Corporation as curre	ntly filed with the Florida Dept. of S	State) William Cilebili
P\20000 319	<b>3</b> 3	
	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit C</i>	orporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profess,	or "incorporated" or the abbreviation
B. Enter new principal office address, if app	licable:	
(Principal office address MUST BE A STREE	T ADDRESS )	
	<del></del>	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or t new registered agent and/or the new regi		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Designation of Office Address		, Florida
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ng Registered Agent: agent. I am familiar with and accept i	the obligations of the position.
Signatui	re of New Registered Agent, if changin	g

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:	, and suny smin,	у са ин лии.	
X Change	PT John Do	<u>oe</u>	·
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
_X Add	SV Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Tregourer	Itarold Faust	921 Tucker St. Tally FL
Add			Tally FL
Remove			32303
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
·			
6) Change	<del></del>		
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
·	
•	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
()	



The date of each amendment(s) ado	ption:	4 2" 5.4.8.1/	if other than the			
date this document was signed.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; 111 * ***			
Effective date if applicable:			eta in de Caste			
Effective date if applicable: (no more than 90 days after amendment file date) 11 1. A Set 1 Och De						
Adoption of Amendment(s)	(CHECK ONE)					
The amendment(s) was/were adopt by the shareholders was/were suffi		umber of votes cast for the amendme	ent(s)			
		h voting groups. The following state separately on the amendment(s):	lement			
"The number of votes cast fo	r the amendment(s) was/were s	ufficient for approval				
by		.,,				
	(voting group)					
action was not required.	· .	thout shareholder action and shareh t shareholder action and shareholder				
action was not required.	,					
Dated	1-15	<del></del>				
Signature						
(By a dire selected,		- if directors or officers have not be ands of a receiver, trustee, or other				
_	Brjan	Dun				
	(Typed or pri	nted name of person signing)				
	Presi2	cent				
	(Title	of person signing)				