P12000101725

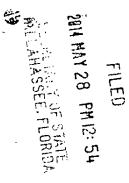
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COVER LETTER

Division of Corporations NAME OF CORPORATION: DELVON INC DOCUMENT NUMBER: P12000101725 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ADRIANA MORENO Name of Contact Person WXC CORPORATION Firm/ Company 8300 NW 53RD STREET SUITE 350 Address DORAL, FL 33166 City/ State and Zip Code AMORENO@WXCCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIANA MORENO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

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

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED
2014 MAY 28 PM 12: 54
CTORE MARY OF STATE
FALLAHASSEE, FLORIDA

DELVON, INC. (Name of Corporation as currently filed with the Florida Dept. of State NO P12000101725 (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: 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 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.

New Registered Office Address:

Signature of New Registered Agent, if changing

(Florida street address)

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	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	SD	CARLOS E. DELGADO QUINTERO	1835 NE MIAMI GARDENS DR. #387
Add X Remove			NORTH MIAMI BEACH, FL 33179
2) Change Add			
Remove			
3) Change Add			
Remove			
4) Change Add	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Remove			
5) Change			
Remove			
6) Change			
Add			

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<u>provisio</u>	ons for imp	rovides for a lementing th ble, indicate I	e amendm	e, reclassifi ent if not c	cation, or ca ontained in	ancellation o the amendm	<u>f issued shar</u> ent itself:	<u>es.</u>
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The date of each amendment(s) ado	ption: <u>MAY 13 2014</u>
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ted by the board of directors without shareholder action and shareholder action ted by the incorporators without shareholder action and shareholder
Dated · \mathcal{U}	04 13 2014
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that Bouciary)
	(Typed or printed name of person signing) (Title of person signing)