P13000000213

(Requ	estor's Name)		
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COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	DRATION: Create A Dream M	lanagement, Inc.		
DOCUMENT NUM	1BER: P13000000213			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Melinda J Hanks			
		Name of Contact Person	n	
	Create A Dream Managemen	t, Inc.	l e	
		Firm/ Company		
	3288 Kacher Road	Time company		
		Address		
North Port, FL 34288				
		City/ State and Zip Cod	e	
createadream@cadmgmt.com				
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Melinda J Hanks		at (<u>941</u>) 219-3331	
		de & Daytime Telephone Number		
Enclosed is a check to	for 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Create A Dream Management, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P13000000213	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folits Articles of Incorporation:	lowing amendment(s) to
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, "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."	viation "Corp.,"
B. Enter new principal office address, if applicable:	1
(Principal office address MUST BE A STREET ADDRESS)	20.
	2020 AFR
	IPR ::
	-2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	70 33
(Matting dataress MAT BE A POST OF FICE BOX)	1
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	. , 25
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	
	<u> </u>
(Florida street address)	
New Registered Office Address:, Florida	<u></u>
(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 post	ition,
Signature of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.	
The americancing) is are being fried pursuant to 5, 007.0120 (11) (c), f.5.	I

If amending the Officers and/or Directors, enter the title and name of each officer/director being remo	ed 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 Jol	л Doe, PT as a Change,
Mike Jones, V as Remove, and Sally Smith, SV as an Add.	, The state of the

Example: X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
l) Change	CAO	_	Theresa Daniels	PO Box 2061	 .
Add				Venice, FL 34284	
X Remove					
2) Change		_			
Add					
Remove 3) Change					
Add					
Remove					
4) Change					_
Add					
Remove					
5) Change		_			
Add				<u> </u>	
Remove					
6) Change		_			
Add					
					1

____ Remove

n amendment provides for an exchange, reclassification, or cancellation of issued shares, possions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	1
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March 30, 2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
March 30, 2020	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
March 30, 2020 Dated	
Signature Mellede Hauls	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator - if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
Melinda J Hanks	
(Typed or printed name of person signing)	
Chief Operating Officer	
(Title of person signing)	