P13000004454

| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF SIATE OF DIVISION OF CORE PRATICAL

Amend

SEP 28 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORA | ATION: DYNAMIC WAVI | ES OF CHANGE, INC. | | | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBE | P13000004954 | | | | |
| | Amendment and fee are su | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | | |
| D | aniel Wagner, Esq. | | | | |
| _ | | Name of Contact Person | 1 | | |
| · | Wagner & Associates | | | | |
| | Firm/ Company | | | | |
| 20 | 0137 NE 16 Place | | | | |
| | Address | | | | |
| M | liami, FL 33179 | | | | |
| | | City/ State and Zip Cod | e . | | |
| daniel@ | danielwagnerlaw.com | | | | |
| | | ed for future annual report | notification) | | |
| | D 111111 4414155. (10 00 44 | ou for future unitidal report | nonneuron, | | |
| For further information of | concerning this matter, pleas | e call: | | | |
| Daniel Wagner | | at (305 | 919-7788 | | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for t | he following amount made p | 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2015

DANIEL WAGNER, ESQ. WAGNER & ASSOCIATES 20137 NE 16 PLACE MIAMI, FL 33179

SUBJECT: DYNAMIC WAVES OF CHANGE, INC.

Ref. Number: P13000004954

We have received your document for DYNAMIC WAVES OF CHANGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

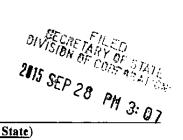
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 515A00019544



Articles of Amendment to Articles of Incorporation of



DYNAMIC WAVES OF CHANGE, INC.

| (Name | of Corporation as curren | tly filed with the Florida Dept. of State) | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| P13000004954 | | | | |
| | (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | | The new | | |
| | nation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." | | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 16300 NE 19 Avenue, Ste. 235 | | |
| | | North Mlami Beach, FL 33162 | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 16300 NE 19 Avenue, Ste. 235 | | |
| | | North Miami Beach, FL 33162 | | |
| | | | | |
| D. If amending the registered agent ar | | | | |
| new registered agent and/or the ne | W registered office addre Daniel Wagner | <u>ss:</u> | | |
| Name of New Registered Agent | Daniel Wagner | | | |
| | 20137 NE 16 Place | | | |
| | | treet address) | | |
| New Registered Office Address: | Miami | , Florida | | |
| | | (City) . (Zip Code) | | |
| | | • | | |
| New Registered Agent's Signature, if c | hanging Degistered Ager | *** | | |
| | | with and accept the obligations of the position. | | |
| | | | | |
| | | | | |
| | | | | |
| ~ | Signature of New | Registered 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.

| 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 | PS | DARREN G. CEFALU | 635 Euclid Ave, Apt. 101 | | | |
| Add | | | Miami Beach, FL 33139 | | | |
| X Remove | | | | | | |
| 2) Change | P | PAVEL ABRAMOV | 2500 NE 207 Terrace | | | |
| X Add | | | Miami, FL 33180 | | | |
| Remove | | | | | | |
| 3) Change | VP | KENNETH DUNCAN | 281 NW 186 Street | | | |
| X Add | | | Miami, FL 33169 | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| Attach (A | i <mark>ding or adding a</mark> additional sheets, | id necessary). | cles, enter cha: (Be specific) | uge(s) bere: | | | |
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| If an ar | nendment provid ions for impleme not applicable, in | les for an exchi | ange, reclassifi adment if not c | cation, or ca | ncellation of | issued shares, | |
| (ij | not applicable, in | ndicate N/A) | idiicii ii iiot c | omanica in i | iic amename | at itsen, | |
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| The date of each amendment(s) adoption: | , if other than the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| date this document was signed. | |
| 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, this date document's effective date on the Department of State's records. | will not be listed as the |
| Adoption(of Amendment(s) - 3 (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 | |
| Signature 9 | |
| (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) | |
| PAVEL ABRAMOV | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |