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(((H130002533943)))

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.

Account Number : I20130000067 Phone

: (954)990-0606 Fax Number : {888}400~5537

\*\*Enter the email address for this business entity to be used for future onnual report modlings. Enter only one small address please.\*\*

Reall Address:

### COR AMND/RESTATE/CORRECT OR O/D RESIGN DIVERSIFIED BUSINESS PRODUCTS AND SERVICES INC.

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November 18, 2013

## FLORIDA DEPARTMENT OF STATE

DIVERSIFIED BUSINESS PRODUCTS AND SERVICES INC.
3130 N 73 TERRACE
HOLLYWOOD, FL 33024

SUBJECT: DIVERSIFIED BUSINESS PRODUCTS AND SERVICES INC.

REF: P13000044593

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent,

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

Irene Albritton Regulatory Specialist II FAX Aud. #: H13000253394 Letter Number: 013A00026570



H130002532943

#### Articles of Amendment to Articles of Incorporation

of

# DIVERSIFIED BUSINESS PRODUCTS AND SERVICES INC.

(Name of Corporation as currently filed with the F)	orlda Dept. of State)	
P1300004459	93	
(Document Number of Corporation (it	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Torida Profit Corporation adopts the following	; smendment(s) to
A. If smending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered." "professional association," or the abbreviation "I	Co". A professional corporation name must c	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:	P.O. BOX 848491	
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL	-
	33084	
D. <u>If amending the registered agent and/or registered office address:</u> new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	13 HOV
Name of New Registered Agent	14. E. C.	5
(Florida stre	et address)	
New Registered Office Address: (City)	Florida (Zip Code)	55
	1 1997 12	₩:
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Registered A	gent, if changing	

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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 afficer/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 Doc	
X Remove	¥	Mike Ioucs	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address 8
1) Change	P	EVELYN MONTALVO	P.O. BOX 848491
Add			PEMBROKE PINES, FL
Remove			33084
2) Change	Τ.	HARRY TORRES	3130 N 73 TERRACE
Add			HOLLYWOOD, FL 33024
✓ Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove	•		
6) Change			
Add			
Remove		140	
		H13000 2533943	

# H130002533943

The date of each amendment(s) ad date this document was signed.	if other than the	
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	••••
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were an	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pred by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated NOVEM	BER 15, 2013	
Signature	Quelso Ald	
	rector, president or other officer - if directors or officers have not been	<del></del>
	by an inserporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	EVELYN MONTALVO	
·	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	

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