P13000054735

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13 AUG -5 AM 9: 33 SECRETARY OF STATE

C. LEWIS

AUG - 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DFL CON BER: P130000547	SULTING, IN	C	
	of Amendment and fee are sub			
Please return all corre	spondence concerning this matt	er to the following:		
	JARRETT A. P	ERRY, CPA		
	NOWLEN, HOL			
515 N. FLAGLER DRIVE SUITE 1700				
WEST PALM BEACH, FL 33402-0347 City/ State and Zip Code				
JP@NHMCPA.COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JARRETT	A. PERRY	_{at (} 561	659-3060	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
An Di P.G	niling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

DFL CONSULTING INC.

13 AUG -5 AM 9: 33

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P13000054735

(Document Number of Corporation (if known)

nt(s) to

N/A	<u>ı:</u>	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must c	
B. Enter new principal office address, if applicable:	110 N. FEDERAL HIGHWAY APT. 706	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT LAUDERDALE, FL US 33301	
Enter new mailing address if applicable		
C. Enter new mailing address, if applicable:	AAO NI EEDEDAL LUCUNANAN ADT 706	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	110 N. FEDERAL HIGHWAY APT. 706	
	110 N. FEDERAL HIGHWAY APT. 706 FORT LAUDERDALE, FL US 33301	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FORT LAUDERDALE, FL US 33301 address in Florida, enter the name of the	
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address of New Registered Agent	FORT LAUDERDALE, FL US 33301 address in Florida, enter the name of the dress:	
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office address of New Registered Agent	FORT LAUDERDALE, FL US 33301 address in Florida, enter the name of the	

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 Joh	n Doc			
X Remove	<u>V</u> <u>Mil</u>	ke Jones			
X Add	<u>SV</u> <u>Sal</u>	ly Smith	:		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,	<u>Addres</u> s	
1) Change	N/A/	N/A/		N/A	
Add					
Remove				·	
2) Change	N/A/	N/A		N/A	
Add					
Remove		N 1 / A			
3) Change	<u>N/A/</u>	N/A		N/A	
Add					
Remove					
4) Change	N/A	N/A		N/A	·
Add					
Remove					
5) Change	N/A	N/A		N/A	
Add			;		
Remove					
6) Change	N/A	N/A		N/A	
Add					
Remove					

/A	sheets, if necessary)). (Be specific)	e(s) here:	
/ / X				
	<u>_</u>	 -		
				
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If an amendment provisions for im (if not applice	provides for an ex uplementing the an able, indicate N/A)	change, reclassifica		of issued shares, nent itself:

The date of each amendmen		FIL	ED_, if other than the
date this document was signed Effective date if applicable:	11 INIE 26 2012	13 AUC	***
	(no more than 90 days after	amendment Ste CANTEXARY TALLAHASSE	OF STATE FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		5,,
	re adopted by the shareholders. The number of ere sufficient for approval.	votes cast for the amendmen	ıt(s)
	re approved by the shareholders through voting ed for each voting group entitled to vote separate		ment
"The number of vote	s cast for the amendment(s) was/were sufficient	for approval	
by	(voting group)	93	
	(voting group)		
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without sha	reholder action and sharehol	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareho	lder action and shareholder	
J Dated	UNE 26, 2013		
Signature _	Al		
Si	By a director, president or other officer – if directly an incorporator – if in the hands of a ppointed fiduciary by that fiduciary)		
	MATTHEW SHUC	H	
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of persor	ı signing)	