P13000087413

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SECRETARY OF STATE

NOV 2.1 2013
T. LEWIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOLPHIN	SHOP INC.				
DOCUMENT NUMBER: P13000087413					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this matter	ter to the following:				
MARK COLOD					
GLOBAL TAX SERVICES, INC.					
8177 GLADES	8177 GLADES ROAD - SUITE 220				
BOCA RATON					
	City/ State and Zip Code	e			
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
MARK R. COLODNE	_{at (} 561	483-1703			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment to Articles of Incorporation of

DOLPHIN SHOP INC.		_
(Name of Corporation as currently filed with the FI P13000087413	lorida Dept. of State)	
(Document Number of Corporation (if	fknown)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Inc.," or the abbreviation "In	Co". A professional corporation name must of	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SUITE 220	-
	BOCA RATON, FL. 33434	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8177 GLADES RD	
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	SUITE 220	-
	BOCA RATON, FL. 33434	, _
D. If amending the registered agent and/or registered office address:		
Name of New Registered Agent		3 ASS
(Florida stre	eet address)	SECRETARY ISICY (F O
New Registered Office Address: (City)	, Florida(Zip Code)	
	(sp com)	7
New Registered Agent's Signature, if changing Registered Agent:		1741E 1231E 1:25
I-hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.	-
Signature of New Registered A	gent, 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.

Example: 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	PD	ISAACS, TAMARA	16271 FRUIT WAY
Add			DELRAY BEACH, FL. 334
Remove			
2) Change	PD	COLODNE, ANGELA	8177 GLADES RD #220
Add			BOCA RATON, FL. 33434
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If ar (Atta	amending or adding additional Articles, enter chartcach additional sheets, if necessary). (Be specific)	ange(s) here:
		
If an	an amendment provides for an exchange, reclassi provisions for implementing the amendment if not (if not applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (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)	
(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 11/15/2013	
Signatupe Muse	_
(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)	
TAMARA ISAACS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_