P1400006403

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. LEMIEUX

APROYED AND FILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Detail Dynamics of Florida, Irc. DOCUMENT NUMBER: P14000006403				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Pam Olson Name of Contact Person Detail Dynamics of Florida, Inc. Firm/Company PO Box 470249 Address Lake Monroe, FL 32747 City/ State and Zip Code Pam C DDSC. Biz E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Pam 0150n at (407) 322 - 7911				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation

Detail Dynamics of	Plorida Inc.	_
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P14000066403		_
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
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 "F	Co". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable:	N/A	_
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHASSEI	AFRICAND FILE
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:		PH 4: 05
Name of New Registered Agent / V/ A		
(Florida stree	•	
New Registered Office Address: (City)	, Florida (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we		
Signature of New Registered Aş	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:	c, ana sa	ny Smin, St as an Aua.	
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	<u>S</u>	Vanessa Olson	635 Poinsettia Dr.
Add Remove			635 Poinsettia Dr. Orange City, FL 32763
2) Change	VP	Melvin Olson	500 5. Grange Blvd Sanford, FL
Remove			32771
3) Change			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(Attach addit	tional sheets, if necessary). (Be specific)
NI	A
•	
. <u>If an amend</u>	iment provides for an exchange, reclassification, or cancellation of issued shares,
provisions (if not	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
NIA	
$1 \sim 110$	

The date of each amendment(s) adoption: date this document was signed.	\sim	, if other than the
-	1/N	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amondment(s)	CHECK ONE)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated OULV 8#	2014	
Signature	2	
	president or other officer - if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other court giary by that fiduciary)	
appointed fidde	nary by that inductary)	
	Ham Olson	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	