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SECRETARY OF STATE

C GOLDEN
JUL 11 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DBW Heathware Inc.						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Thomas Cunningham Name of Contact Person						
Enily Ar LC Firm/Company						
11718 SE Federal Hwy #309						
Hobe Sound FL 33455 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Dale Wolf Name of Contact Person at (301) le U1-70 le 0 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 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 Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

	or 2018 JUL -9 AMII: 5
DRW Healthouse Ir	SECRETARY OF STATE rently filed with the Florida Dept. of STATEL AHASSEE. FLORIC
(Name of Corporation as curr	rently filed with the Florida Dept. of STATEL AHASSEE, FLORIC
P14000009192	
(Document Numb	ber of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Statutes, as Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation	<u>n:</u>
NIA	The new
ame must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviati	The new varion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable:	_11718 SF Federal Hwy
Principal office address <u>MUST BE A STREET ADDRESS</u>)	11718 SF Federal Hwy #309
	Hobe Sound, FL 33455
	Trope 30000, 1 = 13713
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Same as above)
If amending the registered agent and/or registered office	
new registered agent and/or the new registered office add	iress:
Name of New Registered Agent	NIA
(Florid	da street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
any Dagistanad Agantis Signatura if sharping Decisions I a	·
ew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famil.	gent: liar with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , ,	. , , ,
<u> </u>	ew Registered Agent, if changing
Signature of Ne	ew Registered Agent, it chanving

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 John Do	×76	
-			
X Remove	<u>V</u> <u>Mike Jo</u>	<u>nes</u>	
<u>X</u> Add	SV Sally Sn	nith .	
Type of Action (Check One)	<u>Tîtle</u>	Name	<u>Addres</u> s
1) Change	PSTD	Dave Wolf	Sor Porte Vidra Bird.
Add			Ponte Vedra Bouch, FC. 3208
Remove			
2) Change	PSID	Thomas Canningham	11718 SE Federal Hwy
Add		7	世309
Remove			Hobe Sound FL 33455
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>ad</i>	lditional sheets, if necessary). (Be specific)	
 -		
		
		
		
in amei ovision	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:	
	of applicable, indicate N/A)	
<u> </u>		— _
<u> ۷۲۲</u>	Entry, all 2000 shares owned by Dale B- L Shares have been sold, and the new owner	<u>04</u>
114	Shows have been sold and it was now and	(,)
	The state of the s	ريد
		-
	1,333 shares owned by Emily Air LLC (De	<u>.</u> Co
	LID " " TEN. O 'II. (CI	
	1,333 shares owned by Emily Air, LLC (Del 667 " " Folly Air, LLC (FI	<u>ر</u> و,

The date of each amendment(s) adoption: date this document was signed.	<u> </u>	, if other than th
Effective date if applicable:	8 no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta		s, this date will not be listed as th
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the sharby the shareholders was/were sufficient for appr	areholders. The number of votes east for the ame roval.	endment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting greaters.	nareholders through voting groups. The following oup entitled to vote separately on the amendment	g statement t(s):
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by	,"	
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareh	older
Dated 7/3/18	_ 	
Signature	uB. Well	
	nt or other officer – if directors or officers have reprator – if in the hands of a receiver, trustee, or o that fiduciary)	
.\	Dale R. Walf	
(Тур	ped or printed name of person signing)	
	PST D	
	(Title of person signing)	