## P14000035335

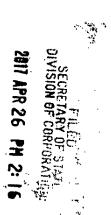
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## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: DRAGON FISH INCLUSTRIES, INDOCUMENT NUMBER: P140000 35335				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIA DUGARTE  Name of Contact Person  DRAGONFISH Fradustries  Firm/ Company  3000 N. ARMEMIA AVR.  Address  TAMPA FL 33607.  City/ State and Zip Code  M. All 1000 to 1000.				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:  MARIA DUGARTE at (813) 787 2958				
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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 **Articles of Incorporation**

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

9817 APR 96 PM 2: 16

	of 2017 APR 26 PM 2: 16
DRAGONFISH Indus	
^ <del></del>	rrently filed with the Florida Dept. of State)
P 14 0000 35 3	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbrevial	The new pration," "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: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ·
). If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	w/A
(Flori	ida street uddress)
New Registered Office Address:	N/A . Florida
The state of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	
Signature of N	N/ TT New Registered Agent, 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>Jones</u>	
X Add		<u>r Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	₽	CLARKE MIXSON	1547 S. DALE HABRY
Add			TAMPA FL 33629
Remove.		1	
2) Change	P5T	MARIA DUGARE	3000 N ArmeniA AV
Add			1Ampa + 1 3360).
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add		<del></del>	
Remove			

	if necessary).	es, enter chan (Be specific)	<u> </u>			
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The date of each amendment(s) adoption: _	N/A·	, if other than the
date this document was signed.		,
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amend or approval.	lment(s)
	the shareholders through voting groups. The following sing group entitled to vote separately on the amendment(s	
	nendment(s) was/were sufficient for approval	
by	poting group) "	
	ne board of directors without shareholder action and shar	eholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and sharehol	der
Dated_ 4 24	2017	
Signature(By a director, pro	esiden of other officer – if directors or officers have not	t been
selected; by an in	ncorporator—if in the hands of a receiver, trustee, or other	
MA	(Typed or printed name of person signing)	
•	Po office and office of beison signing,	
	(Title of person signing)	