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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORA	ATION: DARRAGH CROS	S INC	
DOCUMENT NUMBI			
	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
(	CHRISTINE KERRIGAN SV	VAIL	
<del>-</del>		Name of Contact Person	1
_		Firm/ Company	
1	2240 Sunnydale Drive		
-		Address	
	Wellington, FL 33414		
_		City/ State and Zip Code	2
ckerrig	an78@aol.com		
·	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CHRISTINE KERRIG	AN SWAII.	at ( <u>561</u>	779-8464
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor	Address  Imment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

orporation as currently filed with the	Florida Dept. of State)	
(Document Number of Corporation (ii)	f known)	
	•	
6, Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the following amer	ndment(s) to
of the corporation:		
		new
n "Corp," "Inc," or "Co". A profess " or the abbreviation "P.A."  pplicable:		
CET ADDRESS )		<u> </u>
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le:		
TICE BOX)		
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<del></del>	***************************************	_
	enter the name of the	
RISTINE KERRIGAN SWAIL		
240 Sunnydale Drive		
(Florida street address)		
(Florida street address) Hington	Florida 33414	
	(Document Number of Corporation (if it, Florida Statutes, this Florida Profit Conference of the corporation:  the word "corporation," "company, in "Corp," "Inc," or "Co". A profess or the abbreviation "P.A."  splicable: ET ADDRESS )  e: EICE BOX)  registered office address in Florida, eistered office address: RISTINE KERRIGAN SWAIL	(Document Number of Corporation (if known)  5. Florida Statutes, this Florida Profit Corporation adopts the following ame of the corporation:  The word "corporation," "company," or "incorporated" or the abbrevian "Corp," "Inc," or "Co". A professional corporation name must contain or the abbreviation "P.A."  **Splicable:** **ET ADDRESS**  **Cregistered office address in Florida, enter the name of the existered office address:* **RISTINE KERRIGAN SWAIL.**

## 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>P1</u>	John Doc			
X Remove	<u>v</u>	Mike Jone:	<u>s</u>		
X Add	<u>sv</u>	Sally Smith	<u>h</u>		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>ame</u>		<u>Addres</u> s
1) Change	P	C	CONOR SWAIL		6 Park Lane
Add					Saintfield, County Down
X Remove					BT24 7PR GB
2) Change	P	C	CHRISTINE KERRIGAN SW	ΛIL	12240 Sunnydale Drive
X Add					Wellington, FL 33414
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
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Add		<del></del>			
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	(Be specific)
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, and and an angellation of issued shares.
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(en nuw than 91 Jins after inscriming	the date)
Note: If the date inserted in this block does not meet the applicable statutory filing reconcerns offsetive date on the Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was were sufficient for approval.	or the amendment(S)
The amendment(s) was/were approved by the shareholders through voting groups. The must be a paramets provided for each cotting group entitled to into separately on the u	Collowing statement mersinarins
"The number of votes cast for the amendment(s) was were sufficient for approval	
by	••
Cooling groups	
☐ The amendment(s) was were adopted by the board of directors without shareholder set aution was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder aution as	
action was not required	an start notice
Dard 2E" Augest 2019.	
Signature Commercial Shirts	•
(Hy a director, president or other officer - if directors or office selected, by an incorporator - if in the hands of a receiver, true appointed fiduciary by that fiduciary)	ers have not been stee, or other grount
CONOICSWAIL	
(Typed or printed name of person signing)	
PRESIDENT AND DIRECTOR	
( Little of person signing)	<del></del>