P14000092130

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16 MAR -1 AM 8: 45

SECRETARY OF STATE

MAR 3 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DRESS DONORS	INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Y GROYER		
	,	Name of Contact Person	
	YRG ACCOUNTING		
		Firm/ Company	
	PO BOX 3555		
		Address	
	NEW YORK, NY, 10185		
		City/ State and Zip Code	
yessa	ccounting@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Y. GROYER		at (<u>9</u> 17	7012687
Name of Contact Person		at (917 7012687 Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

16 MAR - 1 AM 8: 45

Articles of Incorporation DRESS DONORS INC.

, <u> </u>	ly filed with the Florida Dept. of State)
P14000092	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Shades o	of Lux INC The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
Naw Pagistanad Office Address	, Florida
New Registered Office Address:	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
- no. soy accept the appearance as together as agent to any jumina	
Signature of New 1	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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				Σ
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			<u></u>	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
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provisions fo	nent provides for an exchor implementing the ameropolicable, indicate N/A)	ange, reclassifica adment if not con	tion, or cancellati tained in the ame	on of issued share	5,
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02/23/16 The data of each emendment(s) adoption:	if athan than the
The date of each amendment(s) adoption:date this document was signed.	_, it other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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):	Olviso 38.
"The number of votes cast for the amendment(s) was/were sufficient for approval	5. 五
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.	ON SECRETARY OF GRAINS
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/23/16 Dated	
Signature	
(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)	_
LUCY M HISLOP	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	