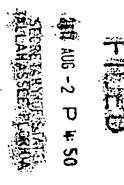
## P15000008335

Office Use Only



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## COVER LETTER

TO: Amendment Section

Division of Corporations Derry's 2 INC. NAME OF CORPORATION: \_\_\_ DOCUMENT NUMBER: P15000008535 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Priscilla Cupid
Name of Contact Person Firm/ Company 4486 Hallandale Beach Blud E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Priscilla Cupid
Name of Contact Person at ( 754 ) 423-2781

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

## to Articles of Incorporation

Articles of factor por ation
Derry S 2, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent Jana Florida Acue  (Florida street address)
New Registered Office Address:   Ha   land a le (City) (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am jamiliar with and accept the obligations of the Silfion. Signature of 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	•	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check Ope)	Title	Name	<u>Addres</u> s
1) Change	P	Priscilla Copid	113 Sw 3rd ave
Add		,	Hallandale Beach
Remove			FL, 33009
2) Change	VP	Natasha Haddaway	341 Sw 66 ave
Add		,	Pembroke Pines
Remove	. •		FL, 33023
3)Change	VP_	Jonathan Anderson	113 Sw 3rd ave
Add			Hallandale I-L
Remove	_	_	<u> 3300 9</u>
4) V Change	5	Tonia Anderson	341 Sw 66ave
Add			Pembioke Pines
Remove			FC, 33023
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>f an amendn</u>	ent provides for an exch	ange, reclassific:	ation, or cancella	tion of issued sha	res,
<u>provisions fo</u>	r implementing the ame	<u>ndment if not co</u>	ntained in the am	<u>rendment itself:</u>	
(if not ap	plicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as th
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/1/4	
Signature Jonathan Calusin	
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)	
Jonathan Anderson (Typed or printed name of person signing)	
Vice President	
(Title of person signing)	