P150000 47143

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: DDP	PROMOTION	5 the
DOCUMENT NUMBI	ER: P15	0000 4714	3
The enclosed Articles o,	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	TEU	DV E DEW	0.4/
_		Ry E. DEW Name of Contact Perso	n ·
-		Firm/ Company	DEVRY E DEWAN INC 7006 ATLANTIC BLVD JACKSONVILLE, FL 32211
_		Address	
		City/ State and Zip Cod	je
For further information of	E-mail address: (to be us	ry dewan. Consell for future annual report	notification)
	y DEWAN	at (90 4) 465-3405
	dontact Person		de & Daytime Telephone Number
Enclosed is a check for t	he 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)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 ussee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

10	
Articles of Incorporation	
of	

DDP PROMOTIONS	INC.
(Name of Corporation as currently filed with the Flor	
P15000047	/ 43 FILED
(Document Number of Corporation (if k	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the F	部的 SEP 16 戸 1: 単句 prida Profit Corporation adopts the following amendment(s) to STEEL TABLY OF STATE TALLAHASSEE FECRICA
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.)	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JACKSONVIle, FC,
	3225
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12470 HEATHGATE C+. JACKSONUILLE FC.
	JACKSONUILLE FC.
•	3225
). If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Ago	ent, 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 John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u> y	<u> / Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I)	f. UP	TRACEY MCKAY	JACKSMUILLE, FC. 32225
2) Change Add Remove	S. Tr.	KEVIN D. BODIE	12470 HEATHGULE COULT + TAGKSMULLE, FL.32225
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Ar (attach additional sheets, if necessary)). (Be specific)	
· ····································		
		·
If an amendment provides for an execution provisions for implementing the am	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		
-		
		•

The date of each amendment(s) adoption: 9/11/19
Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Dated9/11/9
Signature TRuce McKag (By a director, president or other officer - it 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)
TRACEY MCKAY (Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)