## P15000073124

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SEP 17 2015 CLENNE

## COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corpor	rations		
NAME OF CORPORA	DAFS	My Sch	es. Inc
DOCUMENT NUMBI	ER: _ \ _ \ _ \ _ \ _	$\mathcal{M}_{\mathcal{A}}$	21 <del>\infty</del> 1
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
7	Agued 20 Tich	Name of Contact Person	Inc.
<u>-</u> 	5141 P16	Firm/ Company Address	od Rd
	Bokeelin	City/ State and Zip Cod	
A	E)mail address: (to be us	sed for future annual report	, com
For further information	concerning this matter, pleas	se call:	
Warne of	Contact Person	at 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)	Captiling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

FILED SEGRETARY OF SHADE DIVISION OF CORPORATIONS

15 SEP 14 PM 4: 02

Holacht Sales, Inc. 15 SEP 14 PM 4:02
(Name of Corporation as currently filed with the Florida Dept. of State)
Y15000043124
(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  STAT Pro Island Record Recor
New Registered Office Address: (City), Florida 3390 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) X Change	7	April P Jorden	5141 Pine Island Rd
Add		·	Boleelic Fl 33922
Remove		<b>\</b>	<del></del>
2) Change Add	<u>V</u>	April P Napa	5141 Pine Island R Bytoplic Flazza
Add Remove			10000 114 /1 133 106
3) Change			
Add			
Remove			····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
an amendment provides for an exchange of the same	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

a(1)	:Cathar than tha
The date of each amendment(s) adoption:	or one file si
date this document was signed.	NAISE TAILS OF STATE
Effective date if applicable:	
(no more than 90 days after amendment file date)	15 SEP 14 PM 4: 02
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate 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 cast for the amendment by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/8/15	
Signature Dil P. Day on Markow	
(By a director, president or other officer vif directors or officers have not been	1
selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	art
appointed fiduciary by that fiduciary)	. \
April P Naylor (I	sden)
(Typed or printed name of person signing)	

(Title of person signing)