

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000099713 3)))



H160000997133ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: FORCALBER SERVICES INC

Account Number : I20150000098

: (305)713-9142

Phone Fax Number

: (815)550-9948

**Enter the email address for this business entity to be used for frure annual report mailings. Enter only one email address please

COR AMND/RESTATE/CORRECT OR O/D RESIGNS SH SH **DSW 9269, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation

	of		
DSW 9269, INC.			
	v filed with the Florida Dept. of Stat	(g)	
P15000100844			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Plot ts Articles of Incorporation:	rida Statutes, this <i>Flarida Profit Corp</i>	oration adopts the following a	imendment(s) to
A. If amending name, enter the new name of the	corporation:		
	·		he new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "inc," or "Co". A professions	"incorporated" or the abb il corporation name must co	reviation ntain the
B. <u>Enter new principal office address, if apolica</u> (Principal office address <u>MUST BE A STREET A</u>			
,			
C. Enter per meiling address. If applicables (Mailing address MAY BEA POST OFFICE)	BOX)		
	- <u></u>	·	
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, entr	r the name of the	
HAM THE INTELLEGY STORY TOWNS IN THE REAL PROPERTY.	COLUMN PROMESE.		
Name of New Registered Agent			
	(Claude areas address)		
	(Florida street address)		
New Registered Office Address:	(City)	Florida	
	(0.0)		
New Revisiered Agent's Signature, if changing i I hereby accept the appointment as registered agen	Registered Agent:	nhilosology of the position.	
i neistoy tottepi ine appointment as rugares en agen	a. Tanganina viin ana assept iii		
Signature a	f New Registered Agent, if changing	2016 1115 1115 1115 1115 1115	
_		⊒Ž rž.	
			Machine.
		震 22	
		Pro D	
	Dage 1 of 4		Pass.

Page 1 of 4

To: 850-617-6380

From: JUAN ALBER

Pg 3/ 5 04/21/16 6:57 pm

address of each Officer and (Attach additional sheets, if Please note the officer/direc P = President; V= Vice Pre Executive Officer; CFO = 6 held, President, Treasurer, if Changes should be noted in a change, Mike Jones leaves Mike Jones, V as Remove, as	d/or Di necessor nor title esident; Chief Fi Director the foli e the co	rector be ary) by the fli T= Trea inancial (r would b lowing mu rporation	ing mided: surer; S= Secretary; D= Director; TR⇒ Tr Officer. If an officer/director holds more to e PTD. anner. Currently John Doe is listed as the i s, Sally Smith is named the V and S. These s	director being removed and title, name, and rustee: C = Chairman or Clerk; CEO = Chief han one title. list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change P	I	John Do	i .	
∑ Remove ∆	2	Mike Jos	ics	
_X Add S	<u>iY</u>	Sally Sm	ith	
Type of Action (Check One)	Title		Name	Address
1) Change	D	-	Joseph J Serfaty Hezan	301 W Hallandale Beach E
Add			,	Hallandale Beach, FL 3300
Remove				
2) Change		-		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		-		
Add Add				
Remove				
5) Change				
Add				
Remove				
6) Change		-		<u></u>

To: 850-617-6380

From: JUAN ALBER

Pg 4/ 5 04/21/16 6:57 pm

ttach o	ing or addin iditional shee	e <u>additional A</u> is, if necessary,	rticies, enter s), (Be specif	hange(s) here: (c)			
						<u>-</u> -	
	·			· .		* ******	
							
		<u> </u>	4				
			····				
		·					
l en am orovisio (if)	endment pro ons for imple not applicable	vides for an ex menting the ar , indicate N/A)	schange, recla mendment if r	ssification, or cot contained is	rancellation of i	ssued shares, or inself:	
	 			· · · · · · · · · · · · · · · · · · ·			
				<u> </u>		-	
						1=1	
							

To: 850-617-6380

From: JUAN ALBER

Pg 5/ 5 04/21/16 6:57 pm

The date of each amendment(s) adoption:	04/20/2018	if other than the
date this document was signed.		
Effective date <u> Especialistic</u>	(no more than 90 days after amendment file date)	-
Adoption of Amendment(n)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient if	the shareholders. The number of votes east for the amendment(a) br approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(a) was/were sufficient for approval	
by	, m	
	(voltag group)	
The emendment(s) weatwere adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/ware adopted by action was not required.	the incorporators without shareholder action and shareholder	
Date: 04/20/2016		
Slaneture	The state of the s	
(By a directed),	mental and the officer of directors or officers have not been	
actected, by sali appointed fides	Imministrator - If leights health of a requiver, trustae, or other court inny by that fiducity).	
DAVI	SERFATY	
-	(Typed or printed name of person signing)	_
PRES	RDENT	
	(Title of person signing)	_