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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: International Dry S	tandard Organization INC		
DOCUMENT NUN	1BER: P16000034007			
	rs of Amendment and fee are sul	bmitted for filing.		
Please return all corr	respondence concerning this mat	tter to the following:		
	Lana Crucin			
		Name of Contact Person	1	
	Dunlap & Shipman, P.A.			
		Firm/ Company		
	2063 County Hwy 395			
		Address		
	Santa Rosa Beach, Fl. 32459			
		City/ State and Zip Cod	e	
	ken@drystandard.org			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informat	on concerning this matter, pleas	se call: at (_850	231-3315	
	e of Contact Person	at (Area Co) de & Daytime Telephone Number	
	for the following amount made p		,	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation \mathbf{of}

(<u>Name of</u>			
	Corporation as currently	filed with the Florida Dept. of State)	
P16000034007			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new nat	me of the corporation:		
n/a		The new	
	orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
B. Enter new principal office address, it	fapplicable:	363 Loblolly Bay Drive	
Principal office address <u>MUST BE A ST</u>		Santa Rosa Beach, FL 32459	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		363 Loblolly Bay Drive	
		Santa Rosa Beach, FL 32459	
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the name of the	
Name of New Registered Agent			
<u>.</u>	2063 S County Hwy 395		
	(Florida stre	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Santa Rosa Beach	, Florida	
	· · · · · · · · · · · · · · · · · · ·	City) (Zip Code)	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	Carol Larsen	135 Carson Oaks Lane
Add				Santa Rosa Beach, F1, 32459
2)	PST		Kenneth M. Larsen	363 Loblolly Bay Drive
Add		_		Santa Rosa Beach, FL 32459
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional	adding additional Art d sheets, if necessary).	(Be specific)	<u>(8) nere</u> :			
	<u>_</u>					
				<u>. </u>	-	
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	··					_
						_
provisions for i	nt provides for an exc implementing the ami icable, indicate N/A)	hange, reclassificati endment if not cont	ion, or cancellati ained in the ame	ion of issued shar endment itself:	es,	
					_	

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The date of each amendment(s) addate this document was signed.	loption:	, if other than the
uate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for th	e amendment(s)
must be separately provided for	roved by the shareholders through voting groups. The fol- each voting group entitled to vote separately on the amen	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedO Signature (By a di selected	Rector. president or other officer – if directors or officers he, by an incorporator – if in the hands of a receiver, trustee ed fiduciary by that fiduciary) Kenneth M. Larsen (Typed or printed name of person signing) THESIDENT (Title of person signing)	
	(Title of person signing)	

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