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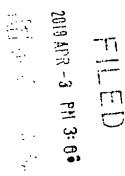
| | Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| | Address) | | | |
| | Address) | | | |
| | City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT ☐ MAIL | | | |
| | Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DSM Capital Management, INC DOCUMENT NUMBER: P 16000078016 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAURO HESSE/HINE Name of Contact Person DSM Capital Management, Firm/ Company 17 NE 9th St. Delmy Beach, FL 33444 City/ State and Zip Code TAKES THO NO 1986 P. gm Ail. Com E-mail address: No be used for future annual report notification) For further information concerning this matter, please call: at (<u>56/</u>) <u>504-8622</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fe □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations O. Box 6327 Clifton Building allahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 19, 2018

DAVID HESSELTINE DSM CAPITAL MANAGEMENT, INC. 17 NE 9TH ST DELRAY BEACH, FL 33444

SUBJECT: DSM CAPITAL MANAGEMENT, INC. Ref. Number: P16000078016

We have received your document for DSM CAPITAL MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245 6050.

Irene Albritton Regulatory Specialist II

Letter Number: 418A00005492

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

| <u>DSY</u> | |
|--|---|
| <u> </u> | (Name of Corporation as currently filed with the Florida Dept. of State) |
| <u> </u> | (Document Number of Corporation (if known) |
| | (Document Number of Corporation (if known) |
| Pursuant to the provints Articles of Incor | risions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to poration: |
| A. If amending ra | me, enter the new name of the corporation: |
| DHE | The new tinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation |
| "Corp.," "Inc.," p | r Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the "professional association," or the abbreviation "P.A." |
| | dress MUST BE A STREET ADDRESS) Suite 110 |
| | BOCA RATON, FL 33432 |
| | lling address, if applicable: MAY BE A POST OFFICE BOX) |
| D. If amending th | e registered agent and/or registered office address in Florida, enter the name of the agent and/or the new registered office address: |
| new registered | agent and/or the new registered office address: |
| <u>Name of N</u> | ew Registered Agent |
| | |
| | (Florida street address) |
| <u>New Regis</u> | ered Office Address:, Florida |
| | (Cny) Zip Code) |
| Nam Dunistanad | ant's Signature if showing Designand Assess |
| hereby accept the | ent's Signature, if changing Registered Agent: appointment as registered agent.—I am familiar with and accept the obligations of the position. |
| | |
| | Signature of New Registered Agent, if changing |

| | | Directors, enter the title and na birector being added: | eme of each officer/director being removed and title, name, and | |
|--|--------------|--|---|--|
| (Attach additiona | | | | |
| 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 = Trustec; 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 | | |
| \underline{X} Add. | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| 1) Change | | <i>W/#</i> _ | | |

| \underline{X} Add. | <u>SV</u> <u>Sall</u> | y Smith | |
|----------------------------|-----------------------|--------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name /// | <u>Addres</u> s |
| 1) Change | | _ <i>N/#</i> | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | 1 | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 0 6 | | | |
| 6) Change | I —— | | |
| Add | | | |
| Remove | 1 | | |

| E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
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| NA |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) |
| |
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| The date of each amendment(s) adoption: 3/25/ 20/8 | , if other than the |
|--|------------------------------|
| date this document was signed. | |
| Effective date if applicable: 4/1/30/8 | |
| Effective date if applicable: 7/1/80/8 (no more than 90 days after amendment file date) | |
| | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. | te 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(s by the shareholder was/were sufficient for approval. | .) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s): | ni |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" | |
| by | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required. | г |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 3/26/20/8 | |
| Signature | |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other cour | t |
| appointed fiduciary by that fiduciary) | • |
| Davis L. Hesseltine | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |