P16000079375

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT M	AIL		
(Business Entity Name)			
, ,			
(Document Number)			
(======================================			
Certified Copies Certificates of Status			
Octimizates of Status			
Special Instructions to Filing Officer:			
,			

Office Use Only



400292134654

11/09/16--01011--009 **35.00

ZEIS NOY -9 PH 7: 00

NOV 1 0 2016

C. CARROTHERS

COVER LETTER

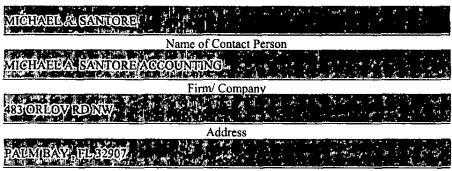
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DREAMBOAFGNES INC.

DOCUMENT NUMBER: PL6000079375

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



City/ State and Zip Code



E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation

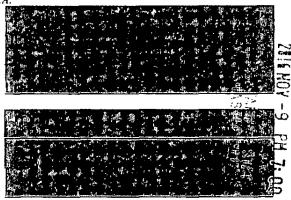
UI UI
DREAMEOARGARE
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
(Name of Corporation as currently filed with the Florida Dept. of State)
P160000793755
(Document Number of Compression (if known)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: 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."

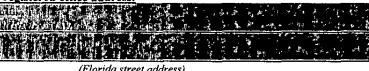
- B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
- C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)



(Zip Code)

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



New Registered Office Address:

Florida

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title	Name MELVINZIPALE	Address 458 DOGTOWNED 319 LINGTON DWY 26250
2) Change Add Remove			
Change Add Remove		The second secon	
4) Change Add Remove	1.6	· · · · · · · · · · · · · · · · · · ·	
Change Add Remove	(A) 37		
6) Change Add Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
(Attach additional sheets, if necessary). (Be specific)
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)
The state of the s

(if not applicable, indicate N/A)

The state of the state

The date of each amendment(s) adoption:



Effective date if applicable:



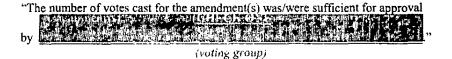
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 emitted to vote separately on the amendment(s):



- 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.

(By a director, president or other officer - if 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)

Control of the second (Typed or printed name of person signing)

(Title of person signing)