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Office Use Only

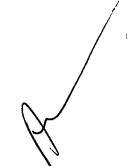


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SECREJARY:OF STATE. ALLAHASSEE, FLORIDA

JUN 08 2017 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DR WOOD SOLU	TIONS INC	
DOCUMENT NUMB	D17000011560		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	FRANCIS DIAZ		
•		Name of Contact Person	1
		Firm/ Company	
	508 6 5TH AVE DR W		
		Address	
	BRADENTON, FL 34207		
		City/ State and Zip Cod	e
DFQU	JAL ITYPAINTING@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
FRANCIS DIAZ		at (812-9559
Name o	f Contact Person	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

DR WOOD SOLUTIONS INC			
(Name of Corpor	ation as currently filed with the Florida Dep	t. of State)	
P17000011560			
(Doc	cument Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporation</i> a	dopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc." or "Co". A professional corpor		the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
			48
C. Enter new mailing address, if applicable:			
(Malling address <u>MAY BE A POST OFFICE I</u>	<u></u>		
D. If amending the registered agent and/or registered agent and/or the new registered		me of the	
Name of New Registered Agent			
	(Florida street address)		
N . B 1000 . 411	,	P1!-1-	
New Registered Office Address:	(City)	_, Florida	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		s of the pos	ition
			rå.
		ES	
Si	gnature of New Registered Agent, if changing	72 (TE)	
S.	o	SS:0	-2
		HA	T
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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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	MGR	_	EDWIN R FLORES BUSTILLO	1632 32ND AVE E
Add				BRADENTON, FL 34208
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additiona	l sheets, if necessary). (Be specific)	
		<u> </u>
<u> </u>		
		· · · · · · · · · · · · · · · · · · ·
		
		
an amendmer	t provides for an exchange, reclassification, or cancellation of iss	ued shares,
orovisions for i	mplementing the amendment if not contained in the amendment icable, indicate N/A)	itseil:
11	,	
	<u></u>	
		100 A

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	•
Effective date if applicable:	
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 document's effective date on the Department of State's records.	ll not be listed as th
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 entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ 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.	
05/26/2017 Dated	
Signature	
(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)	
FRANCIS DIAZ	
(Typed or printed name of person signing)	
PRESIDENT	•

(Title of person signing)