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JUN 1 4 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DAVID'S QUEEN INC						
DOCUMENT NUMBER: P17000018846						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corre	spondence concerning this ma	itter to the following:				
	GERARDO MORAN					
		Name of Contact Person	n			
	IMMIGRATION SERVICES					
	Firm/ Company					
	301 N FERN CREEK AV					
	Address					
	ORLANDO FLORIDA, 3280	03				
		City/ State and Zip Code	<u> </u>			
gmora	nn@bellsouth.net					
-	_	sed for future annual report	notification)			
	•	•	,			
For further information	n concerning this matter, pleas	se call:				
GERARDO MORAN		at (407	924-2136			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
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 of

DAVID'S QUEEN, INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000018846 (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: N/A 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." THE CORPORATION DAVID'S QUEEN, INC B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WILL HOLD MULIPLES ADDRESS IN ORANGE COUNTY AND OSCEOLA COUNTY. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent N/A (Florida street address) N/A New Registered Office Address: Florida (City) (Zip Code) 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) Change		n/a	
Add			
Remove			
2) Change		n/a	
Add			
Remove			
3) Change	<u></u>	n/a	
Add			
Remove			
4) Change		n/a	
Add			
Remove			
5) Change		n/a	
Add			
Remove			
		<i>I</i>	
6) Change		n/a	
Add			
Damova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The coporation David's Quen, Inc in order to manage their bussines, will hold multiple address whic means that will be
doing bussiness at Orange County and Osceola County as follow:
No. 1- 6000 METROWEST BLVD. SUITE 213-A ORLANDO, FLORIDA 32835
No. 2- 5811 WEST IRLO BRONSON MEMORIAL HWY, KISSIMMEE, FLORIDA 34746

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)
NON APPLICABLE

	JUNE 5, 2017 .	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
Effective date <u>ir applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ement
	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(vating group)	
	dopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
JUNE 5. Dated	f, cump	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	
	NICCIA DELGADO	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	