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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DYER HOLDING	CORP				
DOCUMENT NUMBER			~~~			
	Amendment and fee are sul	bmitted for filing.				
Please return all correspo	ndence concerning this mat	ter to the following:				
TA	AMI JAMES					
		Name of Contact Person				
H	HOFFMEIER ACCOUNTING					
		Firm/ Company				
19	1925 S PERIMETER ROAD, SUITE 125					
		Address				
FC	ORT LAUDERDALE, FL 3	3309				
		City/ State and Zip Code	:			
НОЕГМ	EIERACCOUNT@BELLS	SOUTH.NET				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information of TAMI JAMES	oncerning this matter, pleas		938-1515			
Xame of (Contact Person	at (938-1515 de & Daytime Telephone Number			
		payable to the Florida Depa				
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amend Divisio P.O. Be	g Address ment Section n of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation

of

(Name of Corporat	tion as currently filed w	ith the Florida Dept. of State	·)
P17000019607	,		•
(Docu	ment Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	ia Statutes, this <i>Florida I</i>	Profit Corporation adopts the f	following amendment
A. If amending name, enter the new name of the c	corporation:		
			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc." or "Co". A		r the abbreviation
B. <u>Enter new principal office address, if applicabl</u> Principal office address <u>MUST BE A STREET AD</u>			
		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0.V)		
(Maning data ess State Man A root of the Bo	<u></u>		
		· .	
			·
 If amending the registered agent and/or registered new registered agent and/or the new registered. 		orida, enter the name of the	
Name of New Registered Agent	·····		
	(Florida street addres	s)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re			
hereby accept the appointment as registered agent.	I am familiar with and i	accept the obligations of the po	osition.
Sign	nature of New Registerea	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 Do	<u>oc</u>		
X Remove	<u>V</u> ′	Mike Jo	<u>nes</u>		
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change	VP		DIANE B. DYER	_	10760 SW 47TH STREET
X Add					DAVIE, FL 33328
Remove					
2) Change				-	
Add					
Remove					
3) Change				_	
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additiona	d sheets, if necessary)	. (Be specific)	e(s) nere		
FEI	EIN	82 -	-072	5224	
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					<u> </u>
10			A)	·	
provisions for i	nt provides for an eximplementing the anicconditional indicate N/A)	nendment if not co	ntained in the ame	ndment itself:	<u>5,</u>
				-1.	
					<u>-</u>

	06-01-2017	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	20-2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
6-20-2017 Dated	,	
Signatur		
(B <u>y a</u> select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	STEVAN B DYER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	