## P17000028331

| (Requestor's Name)                        |
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| (Address)                                 |
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| (City/State/Zip/Phone #)                  |
| PICK-UP WAIT MAIL                         |
|   |
| (Business Entity Name)                    |
|   |
| (Document Number)                         |
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| Certified Copies Certificates of Status   |
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| Special Instructions to Filing Officer:   |
| Special instructions to 1 lining Officer. |
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Office Use Only



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UM IN 2018

## COVER LETTER

SECRETARY OF STATE
JIVISION OF CORPORATION

**TO:** Amendment Section Division of Corporations

2018 JUN 12 AM 11: 14

| NAME OF CORPORATION: DUO 1105, NC.  |                             |
|---|-----------------------------|
| DOCUMENT NUMBER: <u>P17000028331</u>  |                             |
| The enclosed Articles of Amendment and fee are submitted for filing.  |                             |
| Please return all correspondence concerning this matter to the following:   |                             |
| Dale Ann Kaiser  Name of Contact Person  Kaiser Low Gi Dr  Firm/Company  Cos William Sheet, S  Address  Wellesley, MA 02/2  City/State and Zip Code  Mikhail Yakhkind (yakhkin  E-mail address: No be used for future annual report notification) | ip<br>ote 350               |
| For further information concerning this matter, please call:  |                             |
| Mikhael Yakhkind at (617) 830  Name of Contact Person Area Code & Daytime   | 1-1639<br>Telephone Number  |
| Enclosed is a check for the following amount made payable to the Florida Department of State  | :                           |
| S35 Filing Fee  | of Status<br>Copy<br>I Copy |
| Mailine Addesse   |                             |

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



FILED ÉURETARY OF STATE DIVISION OF CORPERATION

2010 JUN 12 AM 11: 14

June 6, 2018

## **BY CERTIFIED MAIL**

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

RE: Amendment to Articles of Incorporation for Duo 1105. Inc.

Dear Sir or Madam:

Enclosed for filing please find the Amendment to the Articles of Incorporation of Duo 1105. Inc. and a check for \$35.00 payable to the Florida Department of State. Please process the Amendment.

Please call with any questions.

Dale Or Kai

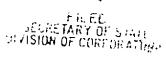
Sincerely,

Dale Ann Kaiser

Enclosures

## Articles of Amendment

to Articles of Incorporation of



|   | 5. /NC. 2010 JUN 12 AN ILLE   |
|---|---|
| (Name of Corporation as curre   | ently filed with the Florida Dept. of State)                        |
| P170000;  | 28331   |
| (Document Number  | er of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:  | his Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   | <u>t</u>  |
| NIA   | The new   |
| name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," oword "chartered." "professional association," or the abbreviation | or "Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | NIA   |
| C. Enter new mailing address, if applicable:  | N/A   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |   |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr   |   |
| Name of New Registered Agent NA   |   |
|   |   |
| (Florida  | a street address)   |
| New Registered Office Address:  | , Florida   |
|   | (City) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Age  |   |
| I hereby accept the appointment as registered agent. I am famili  | ar with and accept the obligations of the position.                 |
| Signature of Ne   | w 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:<br>X Change          | PT           | <u>John D</u> | <u>oe</u>    |               |                                 |     |
|-------------------------------|--------------|---------------|--------------|---------------|---------------------------------|-----|
| X Remove                      | <u>V</u>     | Mike J        | <u>ones</u>  |               |                                 |     |
| X Add                         | <u>sv</u>    | Sally S       | <u>mith</u>  |               |                                 |     |
| Type of Action<br>(Check One) | <u>Title</u> |               | <u>Name</u>  |               | <u>Addres</u> s                 |     |
| 1) Change                     | MR           | _             | Valentina Cl | nervova       | 2 Thompson St<br>Wayland, MA OI | ree |
| Add                           |              |               |              |               | Wayland, MA OI                  | 778 |
| X Remove                      |              |               |              |               |                                 |     |
| 2) Change                     |              | _             |              | <del></del>   |                                 |     |
| Add                           |              |               |              |               | <del></del>                     |     |
| Remove                        |              |               |              |               |                                 |     |
| 3 ) Change                    |              | _             |              |               |                                 |     |
| Add                           |              |               |              |               |                                 |     |
| Remove                        |              |               |              |               |                                 |     |
| 4) Change                     |              | _             |              |               |                                 |     |
| Add                           |              |               |              |               |                                 |     |
| Remove                        |              |               |              |               | <del></del>                     |     |
| 5) Change                     |              | _             |              | <del></del> . |                                 |     |
| Add                           |              |               |              |               |                                 |     |
| Remove                        |              |               |              |               |                                 |     |
| 6) Change                     |              | _             |              |               |                                 |     |
| Add                           |              |               |              |               |                                 |     |
| Remove                        |              |               |              |               |                                 |     |

|   |  |               | (Be specific                    |   |                                   |                        |               |
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| an amer                                       | ıdment provide   | s for an exch | ange, reclassi                  | ification, or ca                          | ncellation of iss                 | ued shares,            |               |
| <u>orovision</u>                              | ıdment provide   | ting the ame  | ange, reclassi<br>ndment if not | fication, or ca<br>contained in t         | ncellation of iss<br>he amendment | ued shares,<br>itself: |               |
| <u>provision</u>                              | ndment provide<br>is for implemen<br>I applicable, ind | ting the ame  | ndment if not                   | ification, or ca<br>contained in t        | ncellation of iss<br>he amendment | ued shares,<br>itself: |               |
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| The date of each amendment(s) adoption:  | , if other than the    |
|--|------------------------|
| date this document was signed.   |                        |
| Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)  |                        |
| (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.                              | I 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 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.   |                        |
| Deved 6/6/18   |                        |
| Signature  (By a director, president or other officer – if directors or officers have not been   |                        |
| (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) | <del></del>            |
| Mikhail Yakh Kind<br>(Typed or printed name of person signing)   | <del></del>            |
|  |                        |
| Director (Title of person signing)   |                        |
| (Title of person signing)  |                        |