P170000 3193

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S. TALLENT JUL 1 7 2017



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COVER LETTER

TO: Amendment Section Division of Corporations

CAME OF CORPORA	TION: D'ATRC) C S 19 W AND	REMODELING INC
	R: <u>P17000</u>	,	
	Amendment and fee are sub		
lease return all correspond	ondence concerning this matte	er to the following:	
	(cs.	CHIR KOUI Name of Contact Person	c.h
_		Name of Contact Person	
		Firm/ Company	:\
_	1387 1	UNN: IAKC	NR-
,	4 (5	Address	
_	JACKSON	ンノリと、 イー City/ State and Zip Code	312/8
	A-LEXEUR	o (in Ao/. c	om /
	E-mail address: (to be use	ed for future annual report	notification)
For further information	concerning this matter, pleas	e cail:	
Rose (2 HILKouich	at (304	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 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 Divi	ing Address ndment Section sion of Corporations Box 6327	Ameno Divisio Cliftor	Address dment Section on of Corporations n Building
Tall	nhassee, FL 32314	2661 1	Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

DAIRC DesigNS AND CEM	nobeling INC
(Name of Corporation as currently filed with the Florida I	Dept. of State)
P170000.38193	
(Document Number of Corporation (if known	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
C. Enter new mailing address, if applicable:	SSES 7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	で ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
· ·	
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	
(Florida street ad	'dress)
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 a	and accept the obligations of the position.
	<u> </u>
Signature of New Registered Agent	ı, 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	V Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Acidres</u> s
1) Change	P ROSE CHIRKO	vich 1387 Dunuslakela
Add		HACKSONVILLE 7-1
Remove		33218
2) Change	P AlexsanDAR CH	irkouch 1387 DUNNS/AKE Da
Add_		1.7CKSONUILE.7/ 32218
Remove		32218
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	·
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	n di Cinnadahana
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/4))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A))
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than th
•	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
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.	
Dated 7 -/ 7 / 7	
Dated 7 - / 7 - / 7	
(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)	
ROSE CHILKOUICH (Typed or printed name of person signing)	
(Typed or printed name of person signing)	-
(Title of person signing)	
(Title of person signing)	-