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JUL S 1 2017

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: DFC		Inc
DOCUMENT NUMBER: P170000	59016	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
N.KK.		
	Name of Contact Per	son
$\mathcal{D}_{\mathcal{O}}(A)$	Firm/ Company	
<u> </u>	Address (1)	72/ 8
Trymou	H FL 3	V 160 ode
E-mail address: (to be us	+77@gmail sed for futureannual repo	Com ort notification)
For further information concerning this matter, please	se call:	
Nikki Clark Name of Contact Person	at (<u>407</u>	Gode & Daytime Telephone Number
Enclosed is a check for the following amount made		
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clift 2661	et Address indrent Section sion of Corporations on Building Executive Center Circle

Articles of Amendment to Articles of Incorporation

	of		t for	17
NFC Construction	Inc			
DFC Construction (Name of Corporati	on as currently fil	ed with the Florid	a Dept. of State	<u>e</u>)
P17000059016	9			
		rporation (if known)	
rsuant to the provisions of section 607,1006, Florida Articles of Incorporation:	a Statutes, this <i>Flor</i>	 iula Profit Corpora 	tion adopts the	following amendment(
If amending name, enter the new name of the co	erporation:			
DFCQ Construction	Fac			The new
me must be distinguishable and contain the wor 'orp.," "Inc.," or Co.," or the designation "Corp. rd "chartered," "professional association," or the	d "corporation," ," "Inc," or "Co"	. A professional c		r the abbreviation
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD				
	 /	<u> </u>		
	_			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)			
	<u>.</u>			
	_	 		
	_	<u> </u>		
If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter tl	ie name of the	
	onice address.			
Name of New Registered Agent	 			
		<u> </u>		<u> </u>
	(Florida street a	ddress)		
New Registered Office Address:			, Florida_	
	(Ciņ	7		(Zip Code)
w Registered Agent's Signature, if changing Reg	istered Agent:			
erehy accept the appointment as registered agent.		and accept the oblig	gations of the po	osition.
	C17 22			
Sign	ature of New Regis	tered Agent, if chan	ging	

address of each Officer (Attach additional sheets, Please note the officer/dit P = President; V = Vice (Executive Officer; CFO) sheld. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones (V) as Remove	and/or D if necess rector title President = Chief F r, Directo in the fol eves the co	irector b ary) e by the fi : T= Tree inancial or would l lowing m orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Dir Officer. If an officer/director he PTD. anner, Currently John Doe is n, Sally Smith is named the V	vector: TR= Tra r holds more the listed as the P.	irector being removed and title, name, and istee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
Example: XChange	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
l) Change		_			
Add					
Remove					
2) Change		_		<u> </u>	
Add					
Remove					
3) Change		-		<u> </u>	
Add					
Remove					
4) Change					
Add		_			
Remove					
5) Change		_			
Add					
Remove					
5) Change		_			
Add					

_ Remove

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an exchange, reclassification, or can	peellation of issued shares.
provisions for implementing the amendment if not contained in the	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7/19/17	
Effective date if applicable: 7/19/17 (no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable statedocument's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffici	ent for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	cholder action and shareholder
Dated 7/19/17 Signature North Chil	
(By a director, president or other officer - if d	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
Nikki Clar (Typed or printed name of	K
(Typed or printed name of	person signing)
President	
(Title of person	n'signing)