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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DRAG ENTERI	PRISES CORP	
DOCUMENT NUMBER: P1700	00078351	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ROBERT J BOREN		
	Name of Contact Person	1
DRAG ENTERPRISES CO	RP	
	Firm/ Company	
551 WESTGATE BLVD SU	UITE 107	
	Address	
LEHIGH ACRES FL 33971		
	City/ State and Zip Code	3
DRAGENTERPRISESFL@GMA	IL.COM	
E-mail address: (to be u	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
ROBERT BOREN	786 at (6248156
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton	Address Iment Section In of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17000070761	ntly filed with the Florida Dept. o	<u>, </u>
17000078351		
(Document Number	r of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adop	ots the following amendmen
. If amending name, enter the new name of the corporation:		
// A		The new
me must be distinguishable and contain the word "corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ted" or the abbreviation
. Enter new principal office address, if applicable;	551 WESTGATE BLVD	\$ 00 m
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 107	星 第 四
	LEHIGH ACRES FL 33971	26
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	유 · · · · · · · · · · · · · · · · · · ·
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. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addr		of the
new registered agent and/or the new registered office addr		of the
		of the
new registered agent and/or the new registered office addr		of the
new registered agent and/or the new registered office addr	street address)	of the

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	MADELEYNE SANTIAGO	0 402 BANFIELD PLACE
X Add			LEHIGH ACRES FL 33971
Remove			
2) Change			
Add			
Remove	_		
3) Change			
Add			
Remove			
4) Change			
Add			
Remove	_		
5) Change			
Add			***************************************
Remove	_	_	
6) Change		_	
Add			
Remove			

	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)	
 		
		
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f an amendment n	provides for an exchange, reclassification, or cancellation of issued shares.	
<u>provisions for imp</u>	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself:	
<u>provisions for imp</u>	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself: ble, indicate N/A	
<u>provisions for imp</u>	plementing the amendment if not contained in the amendment itself:	
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· · · · · ·	03/20/2018	
The date of each amendment(s) a date this document was signed.	ndoption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
03/21/201	8	
DatedSignature	2/11/2	
(By ⁱ a	firector, 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 counted fiduciary by that fiduciary)	irt
арроп	• •	
	ROBERT J BOREN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	