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## **COVER LETTER**

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Dream KPress Inc.
DOCUMENT NUMBER: D1700 00 99165
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aussa Manchester.  Name of Contact Person  Dream Xpress Inc.  Firm/Company  Old 1669 Brentlaunst Deltona fr. New 1707 East chapel dv. Velleire  Address
Dream Xpress Inc
old 1669 Brentlaunst Deltona Fl. New 1707 East chapel dv. Deltoin
City/ State and Zip Code
Demail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Augssa Manchester at 407 463-4422.  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certified Copy Certificate of Status  (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section Division of Corporations

Tallahassec, FL 32301

2661 Executive Center Circle

## Articles of Amendment

to

## Articles of Incorporation of

Diecom	\ Xores	s Inc			
(Name of Corpo	ration as currently	filed with the Florida	Dept. of State)		
•	)17.000	Sagua			
T (De	neument Number of (	Corporation (if known)			
				•	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this F.	lorida Profit Corporatio	on adopts the follov	ving amend	ment(s)
A. If amending name, enter the new name of the	ne corporation:	-		•	
					iew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	o". A professional co	corporated" or the rporation name mu	- abbreviati ist contain i	ion the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.	eable: ADDRESS )	1707 East De Itona	- chape Fl. 327	1 DE	) = 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E <u>BON</u> )	1707 Ess Deltona	it chapel	dr.	-  
D. If amending the registered agent and/or res new registered agent and/or the new register	gistered office address:	ss in Florida, enter the	e name of the	:	
Name of New Registered Agent					
•		,			
	(Florida stre	et address)			
			• (*)		
New Registered Office Address:		City)	, Florida	Zip Code)	-
	•	, -		•	
·					
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	g Registered Agent: ent. I am familiar w	ith and accept the oblig	ations of the position	<sup>201.</sup> SE	
7			<u>=</u>	2018 AUG Secher	
•			25		
	Signature of New Re	egistered Agent, if chang	ging STI URD	-2 PH 2:11	LED

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 Johns 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	<u>PT</u>	John I	) One		
_					
X Remove	$\underline{V}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s	
1) Change	CE	2	Michael Russo	3829 S. Hopkins Av	
Add				THISVILLE FL	
Remove		•			
2) Change			<u> </u>	<u></u>	
Add					
Remove		,			
3 ) Change					
Add					
Remove				· .	
,					
4) Change				<del></del>	
Add		•			
Remove		•			
5) Change				:	
Add		•			
Remove		. •			
6) Change					
Add	•				
Remove					

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Gino more than 50 days after amenanesa fue dates
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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 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 July 13, 2018
Signature Move Move 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)
Alyssa Munchester.
(Typed or printed name of person signing)
Tresident.
(Title of person signing)