## P1300000994403

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| 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: |
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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA                                                                                                                                       | ATION: Dream                                  | n Pushe                                                                   | rs lak                                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------|--|--|
| DOCUMENT NUMBI                                                                                                                                        | (R: P18                                       | 000009440                                                                 | 3                                                |  |  |
| The enclosed Articles of                                                                                                                              | f Amendment and fee are su                    | bmitted for filing.                                                       |                                                  |  |  |
| Please return all corresp                                                                                                                             | ondence concerning this ma                    | tter to the following:                                                    |                                                  |  |  |
|                                                                                                                                                       | Staci                                         | Sutton                                                                    |                                                  |  |  |
| _                                                                                                                                                     |                                               | Name of Contact P                                                         | erson                                            |  |  |
|                                                                                                                                                       | Dream                                         | Pushers W                                                                 | nK.                                              |  |  |
|                                                                                                                                                       | <u> </u>                                      | Firm/ Compan                                                              | y                                                |  |  |
|                                                                                                                                                       | 850 Treagu                                    | e Trail i                                                                 | цоI                                              |  |  |
| _                                                                                                                                                     | <u> </u>                                      | Address                                                                   |                                                  |  |  |
|                                                                                                                                                       | Lady Lax                                      | u Fla                                                                     | 32159                                            |  |  |
| Staci Suttan  Name of Contact Person  Dream Pushers WK  Firm/ Company  850 Treague Trail 1401  Address  Lady Lake Fla 32159  City/ State and Zip Code |                                               |                                                                           |                                                  |  |  |
|                                                                                                                                                       | dreams                                        | oushers ink                                                               | e amail con                                      |  |  |
| _                                                                                                                                                     | E-mail address: (to be us                     | sed for future annual re                                                  | e gmail. com                                     |  |  |
|                                                                                                                                                       |                                               |                                                                           | •                                                |  |  |
| For further information                                                                                                                               | concerning this matter, pleas                 | se call:                                                                  |                                                  |  |  |
| Class                                                                                                                                                 | C                                             | _                                                                         |                                                  |  |  |
| <u> </u>                                                                                                                                              | Sutton                                        | <u>at (904</u>                                                            | 4 BOI -7009<br>a Code & Daytime Telephone Number |  |  |
| Name of                                                                                                                                               | Contact Person                                | Area                                                                      | a Code & Daytime Telephone Number                |  |  |
| Enclosed is a check for t                                                                                                                             | he following amount made                      | payable to the Florida                                                    | Department of State:                             |  |  |
| _                                                                                                                                                     | $\circ$                                       | $\checkmark$                                                              |                                                  |  |  |
| \$35 Filing Fee                                                                                                                                       | \$43,75 Filing Fee &<br>Certificate of Status | A\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) |                                                  |  |  |
| Mailing Address                                                                                                                                       |                                               |                                                                           | reet Address                                     |  |  |
| Amendment Section Division of Corporations                                                                                                            |                                               |                                                                           | nendment Section<br>vision of Corporations       |  |  |
| P.O. Box 6327                                                                                                                                         |                                               | The Centre of Tallahassee                                                 |                                                  |  |  |
| Tallahassee, FL 32314                                                                                                                                 |                                               |                                                                           | 15 N. Monroe Street, Suite 810                   |  |  |

Tallahassee, FL 32303

## Articles of Amendment to

FILED

Articles of Incorporation of

| Dream Push                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | evs Ink serbstagger 0711                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ently filed with the Fiorida Dent of State TALLAHASSEE, FLORE             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ×94403                                                                    |
| (Document Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er of Corporation (if known)                                              |
| Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | this Florida Profit Corporation adopts the following amendme              |
| A. If amending name, enter the new name of the corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | i.                                                                        |
| a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The new                                                                   |
| name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ol> <li>A professional corporation name must contain the word</li> </ol> |
| B. Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dream Pushers Ink Com                                                     |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dream Pushers Ink Com<br>160 Pintail Lane #21                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Davenport the 33894                                                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | some as allowe                                                            |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addition to the new registered office additional agent.  Name of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |
| The system is given in general to the same of the same |                                                                           |
| (Floride                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a street address)                                                         |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | . Florida                                                                 |
| The Market Office This car.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (City) (Zip Code)                                                         |
| New Registered Agent's Signature, if changing Registered Ag<br>I hereby accept the appointment as registered agent. I am famili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description of the second                                                 |
| 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)

Example:

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> <u>J</u> | <u>John Doe</u>   |                                              |
|-------------------------------|--------------------|-------------------|----------------------------------------------|
| X Remove                      | <u>V</u> .         | Mike Jones        |                                              |
| X Add                         | <u>sv</u> s        | Sally Smith       |                                              |
| Type of Action<br>(Check One) | Title              | <u>Name</u>       | Address                                      |
| Change Add                    | CED                | Marquey Sutton Se | Dream Pushers In K<br>140 Pintail Lane # 215 |
| Remove 2) Change Add          | CEO                | Robert George III | Davenport, Flg 33894                         |
| Remove Change  Add            | <u>\</u>           | Mymaneka Allen    | Pream Pushers Ink                            |
| Remove 4) Change Add          | P                  | Staci Sutton      | Davenport Fla 33896                          |
| Remove 5) Change Add          |                    |                   |                                              |
| Remove 6)ChangeAdd            |                    |                   |                                              |
| Remove                        |                    |                   |                                              |

| The date of each amendr<br>date this document was sig | ····(v) ·····                                                                                                                                                                                                                                                           | er than the |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Effective date <u>if applicab</u>                     | le:                                                                                                                                                                                                                                                                     | _           |
| <del></del>                                           | (no more than 90 days after amendment file date)                                                                                                                                                                                                                        |             |
|                                                       | in this block does not meet the applicable statutory filing requirements, this date will not be list<br>on the Department of State's records.                                                                                                                           | sted as the |
| Adoption of Amendment                                 | (s) (CHECK ONE)                                                                                                                                                                                                                                                         |             |
| The amendment(s) was action was not required          | were adopted by the incorporators, or board of directors without shareholder action and sharehold                                                                                                                                                                       | ler         |
|                                                       | were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.                                                                                                                                                         |             |
|                                                       | were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):                                                                                                           |             |
| "The number of v                                      | otes cast for the amendment(s) was/were sufficient for approval                                                                                                                                                                                                         |             |
| by                                                    | (voting group)                                                                                                                                                                                                                                                          |             |
| Dated<br>Signatur                                     | (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)  SHACI SUHW  (Typed or printed name of person signing) | _           |
|                                                       | (Title of person signing)                                                                                                                                                                                                                                               |             |