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SECRETARY OF STATE OF A LANGASSEE, FLORIDATE



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: NISIDA WH	ITE INC			
DOCUMENT NUMBER	R: <u>P19000051508</u>				
The enclosed Articles of	Amendment and fee are su	abmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
	Sean Ro	wland			
		Name of Contact Person	n		
	DHSI INC	O .			
_		Firm/ Company			
	5781 LEI	E BLVD STE 208-23	6		
		Address			
	<u>LEHIGH</u>	ACRES, FL 33971	· · · · · · · · · · · · · · · · · · ·		
		City/ State and Zip Cod	e		
	Director1	@dhsiinc.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information co	oncerning this matter, pleas	se call:			
Sean Rowland		at (239) 908-1312		
	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:		
☎ \$35 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)		
	g Address ment Section		Address		
	ment Section n of Corporations		Amendment Section Division of Corporations		
P.O. Bo	ox 6327	Clifton	Building		
Tallaha	ssee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of	С			
(Hame of	Corporation as current	ly filed with the F	orida Dept. of State)	
P19000051508				
	(Document Number of	of Corporation (if k	nown)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Con	poration adopts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:			
N/A .			The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	ion "Corp," "Inc," or '	"Co". A professio	or "incorporated" or the abbreviation	
B. Enter new principal office address, if (Principal office address MUST BE A STI		N/A		
	-			
C. Enter new malling address, if application (Mailing address MAY BE A POST Of		N/A		
			SI &	
D. If amending the registered agent and/ new registered agent and/or the new	or registered office add	ress in Florida, en	ter the manne of the	
new registered agent and/or the new	registered office addres	<u>s:</u>	8 - 8 - 8	
Name of New Registered Agent	N/A		Es 🐂 M	
			58 45 U	
-	(Florida st	reet address)	D	
	N/A		, Florida	
New Registered Office Address:				

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	ROWLAND, SEAN D	8042 SILVER BIRCH WAY
Add			LEHIGH ACRES, FL 33971
X Remove			
2) Change	D	MICHETTI, MARIO	23151 FASHION DR STE 213
Add			ESTERO, FL 33928
X Remove			
3) Change X Add	Р	DHSI INC.	5781 LEE BLVD STE 208-236 LEHIGH ACRES, FL 33971
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

WA	r adding addition nal sheets, if neces	ssary). (Be specifi	c)		
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If an amendme	r implementing t	an exchange, reclas he amendment if no	sification, or canc ot contained in the	ellation of issued sh amendment itself:	ares.
IU	olicable, indicate	N/A)			
(if not app					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated11 / 04 / 2019	
Signature	
(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)	
Sean Rowland	
(Typed or printed name of person signing)	
Registered Agent	
(Title of nerson signing)	

 $((x_i,y_i)_{i\in I},\dots,y_i)_{i\in I}$