P20000066599

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DREAMS ART STUDIO INC DOCUMENT NUMBER: P20000066599 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANA L FERREIRA Name of Contact Person ANAS ACCOUNTING SERVICES CORPORATION Firm/ Company 100 WALLACE AVE SUITE 245 Address SARASOTA, FL 34237 City/ State and Zip Code ANA@ANASACCOUNTINGSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA L FERREIRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DREAMS ART STUDIO INC

(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of	State)
P20000066599			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name and the distinguishable and contain	a di manadi da a manadi na di	""	The new
name must be distinguishable and contai. "Inc.," or Co.," or the designation "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1352 PRAIRIE TERR	
		NORTH PORT, FL 34286	2022 TA:
			E TI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1352 PRAIRIE TERR	N 24 E
		NORTH PORT, FL 34286	記さロ
			22 ORIU
D. If amending the registered agent as	nd/or registered office ad	dress in Florida, enter the name o	of the
new registered agent and/or the ne	w registered office addre	ss:	
Name of New Registered Agent	ANA L FERREIRA		
	100 WALLACE AVE S	UITE 245	
	(Florida .	street address)	
New Registered Office Address:	SARASOTA	, Flo	34237 orida
		(City)	(Zip Code)
New Registered Agent's Signature, if o			est est
I hereby accept the appointment as regis	terea agent, -t am jamiita.	r with and accept the obligations of	the position.
	0	\mathcal{A}	
	ma XI.A	-terreira	
	Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: 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	P	SCOTT D TRINITY	1352 Prairie Terr
Add			North Port, FL 34286
X Remove			
2) Change	P	LEILA TRINDADE	1352 Prairie Terr
X Add			North Port, FL 34286
Remove Change			
Add			
Remove			200 SE TO
4) Change			A 2
Add			
Remove			<u></u>
5) Change			- REDA 22
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)	
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	ASS.
	P. C.
	71
	- FLORE 2
	102
	
an amendment provides for an exchange, reclassification, or cancellation of issued	d shares,
rovisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	<u>elf:</u>
(у пог аррисаоле, таксые млл)	

	06/20/2022	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
06/20/	2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date wartment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action as	nd shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) icient for approval.	
	wed by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	F1LE
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	IN 24 PH
by	ين بين	12
•	(voting group)	~ m
	ار از	* * * *
06/20/2022 Dated Signature	S. A.	ED PH 1:22
	etor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
So	COTT D TRINITY	
	(Typed or printed name of person signing)	
P.	RESIDENT	

(Title of person signing)