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SECRETARY OF STATE

A. Butler



Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

UBJECT: DRA	FTING SERVIC	DE INC	
_	al and one (1) copy of the res ■ \$43.75 Filing Fee & Certificate of Status	stated articles of incorpora S43.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$52.50 Filing Fee, Certified Copy & Certificate of Status

FROM: PATRICIA O'QUINN-LANE	
Name (Printed or typed)	
5775 MYAKKA VALLEY TRAIL	
Address	
SARASOTA, FL 34241	λd
City, State & Zip	or we
9419224616	thomas lare thomas lare
Daytime Telephone number	16 m
DRAFTINGSERVICE@VERIZON.NET	as the
E-mail address: (to be used for future annual report notification)	XM

NOTE: Please provide the original and one copy of the document.

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RESTATED ARTICLES OF INCORPORATION STATE In compliance with Chapter 607 and/or Chapter 621. FASILALAM ASSEE. FL.

ARTICLE I The name of the	<u>NAME</u> he corporation is:	DRAFTING	SERVI	CE INC		2 3 3 4	
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows:							
The text of the	e Restated Article	s is as follows:					
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ARTICLE_III OFFICERS AND/OR DIRECTORS (optional)

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.

President; \hat{V} Vice President, Treasurer; Secretary; DeDirector; TReTrustee; Cellifornian 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 hold. 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 Doc	
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	V	THOMAS LANE	5775 MYAKKA VALLEY TRAIL
X	4		SARASOTA, FL 34241
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4. 148 8 4. 11. 11.
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ARTICLE IV AMENDED REGISTERED.		
The name and Florida street address (P.O.	Box NOT acceptable) of the regis	tered agent is:
Name:		
Address:		
		
Having been named as registered agent to accept the certificate, I am familiar with and accept the	cept service of process for the abo appointment as registered agent	we stated corporation at the place designated in this and agree to act in this capacity
Required Signatur	re/Registered Agent	Date
ARTICLE VI ARTICLE CONSOLIDATI	<u>ton</u>	
These restated articles of incorp-	oration consolidate all amer	ndments into a single document:
ARTICLE VII REQUIRED ADOPTION	INFORMATION	
Check if applicable:		
The amendment(s) is/are being fit	led pursuant to s. 607.0120(11)€, F.S.
The date of each amendment(s) add if other than the date this document is		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction and shareholder action was not		board of director without shareholder
The amendment(s) was/were adop amendment(s) by the shareholder was		
☐ The amendment(s) was/were approstatement must be separately provided amendment(s).	oved by the shareholders thi d for each voting group enti	rough voting group. <i>The following</i> itled to vote separately on the
"The number of votes cast for the	: amendment was/were suff	icient for approval by
(voting	g group)	_

<u>ARTICLE VIII - EFFECTIVE DATE:</u>	
Effective date, if other than the date of filing:	(OPTIONAL)
If an effective date is listed, the date must be specific and can	not be more than 90 days after the filing.)
Note: If the date inserted in this block does not meet the applicablishe document's effective date on the Department of State's record	
I submit this document and affirm that the facts stated herein ar locument to the Department of State constitutes a third degree felo	
Dated: 5/19/2021	
Signature: Patrulua O'Ju (By a director, president have not been selected, by an in other court appointed fiduciary	or other officer – if directors or officers neorporator – if in the hands of a receiver, trustee of by that fiduciary)
PATRICIA O'QUII	NN-LANE
(Typed or printed nat	ne of person signing)
PRESIDENT	

(Title of person signing)