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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: D.E.C.A. Investme	ents, Inc.	
	BER: P21000095544		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Michael J. Henry, Esq.		
		Name of Contact Person	1
	Dunlap & Shipman, P.A.		
		Firm/ Company	
	2063 S. County Highway 395	5	
		Adaress	
	Santa Rosa Beach, FL 32459		
		City/ State and Zip Cod	e
	michael@dunlapshipman.cor	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michael Henry		.at (231-3315
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

D.E.C.A. Investments, Inc.

(Name of Corporation as	currently filed with the Florida Dept. of State
P21000095544	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
name must be distinguishable and contain the word "corpora" Inc.," or Co.," or the designation "Corp," "Inc," or 'chartered," "professional association," or the abbreviation	The new ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Z JAI
(Maning anaress MAT BE A FOST OFFICE BOX)	28 F
	fice address in Florida, enter the name of the
. If amending the registered agent and/or registered off new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent	
	Clorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fo	W 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Signature o	of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.01	

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>	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	V	Carol Roberts	3320 Easgle Court	
Add X Remove			Chipley, FL 32428	
2) Change	V	Kate G. Schroeder	N26W20285 Maple Ave	
X Add			Pewaukee, WI 53072	
Remove 3) Change	-			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	-			
Add				
Remove				
6) Change				
Add				
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
_				
-				
				··
				
	· · · · · · · · · · · · · · · · · · ·	 -		
				<u>,</u>
				
an amendmen	t provides for an exc	ange, reclassification, or c	ancellation of issued shar	es,
	mplementing the amo cable, indicate N/A)	ndment if not contained in	the amendment itself:	
provisions for it (if not applic				
(if not applied				
cif not applic				
provisions tor ii (if not applic				
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The date of each amendment(s) ac	loption: if other than the
date this document was signed.	. If other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	rector, president or other officer – if directors or officers have not been
	l, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Declan Ouinn
	(Typed or printed name of person signing)
	President
	(Title of person signing)