

P93000002195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

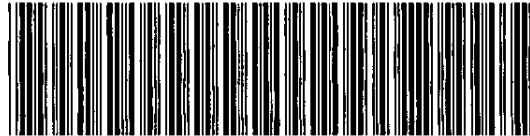
(Business Entity Name)

(Document Number)

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Amendment

JUL 01 2015
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DECO SOLUTIONS GROUP INC

DOCUMENT NUMBER: P93000002195

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD D DE COURSY

Name of Contact Person

DECO SOLUTIONS GROUP INC

Firm/ Company

2879 THAXTON DR #55

Address

PALM HARBOR FL 34684

City/ State and Zip Code

SALES@DECOSOLUTIONSGROUPINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD D DECOURS

at (727)

515-3054

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

REC'D
SEC. OF STATE
15 JUN 22 PM 4:22

Articles of Amendment
to
Articles of Incorporation
of

DECO SOLUTIONS GROUP INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P93000002195

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2879 THAXTON DRIVE

UNIT 55

PALM HARBOR FL 34684

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2879 THAXTON DRIVE

UNIT 55

PALM HARBOR FL 34684

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Add	<u>SV</u>	Sally Smith
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Address

2879 THAXTON DRIVE

UNIT 55

PALM HARBOR FL 34684

Figure 1

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Table 1

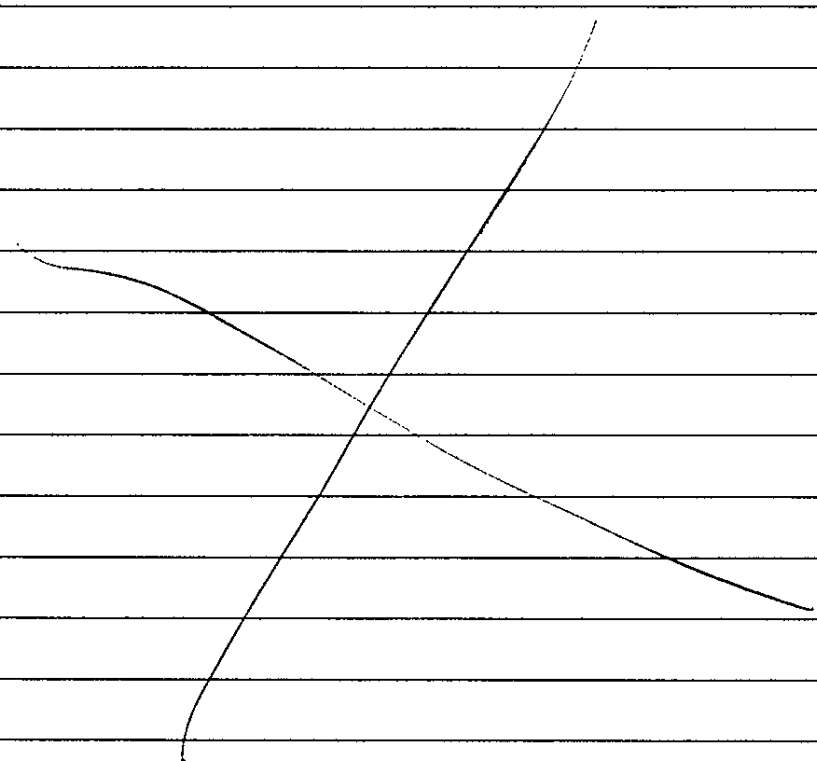
Variable	Mean	SD	Min	Max
Age	67.80	9.10	45	85
Gender	Male = 1 Female = 2			
Marital status	Married = 1 Single = 2 Widowed = 3 Divorced = 4			
Educational level	High school or less = 1 College = 2 Postgraduate = 3			
Income	< \$10,000 = 1 \$10,000–\$19,999 = 2 \$20,000–\$29,999 = 3 \$30,000–\$39,999 = 4 \$40,000–\$49,999 = 5 \$50,000–\$59,999 = 6 \$60,000–\$69,999 = 7 \$70,000–\$79,999 = 8 \$80,000–\$89,999 = 9 \$90,000–\$99,999 = 10 ≥ \$100,000 = 11			
Health insurance	No health insurance = 1 Medicaid/Medicare = 2 Private health insurance = 3			
Depression	No depression = 1 Depression = 2			
Alcohol consumption	No alcohol consumption = 1 Alcohol consumption = 2			
Smoking	Non-smoker = 1 Smoker = 2			
Exercise	No exercise = 1 Exercise = 2			
Loneliness	No loneliness = 1 Loneliness = 2			
Social support	No social support = 1 Social support = 2			
Life satisfaction	No life satisfaction = 1 Life satisfaction = 2			
Quality of life	No quality of life = 1 Quality of life = 2			

[illegible]

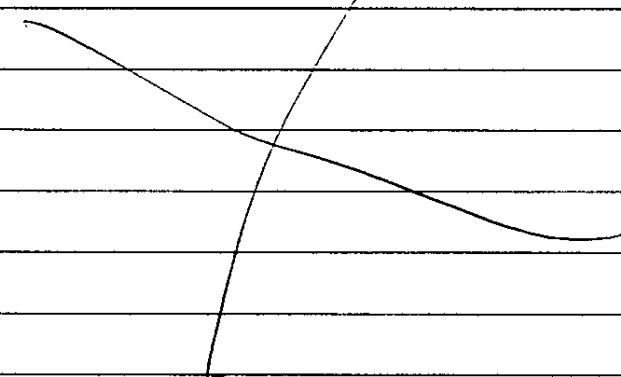
Age Group	Percentage
18-24	10%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

DOI: 10.1002/for

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)



F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)



The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

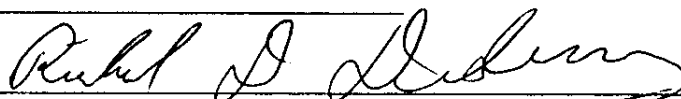
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/17/2015

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)

RICHARD D DE COURSY

(Typed or printed name of person signing)

CEO/DIRECTOR/FOUNDER/OWNER/SHAREHOLDER/INCORPORATOR/OFC

(Title of person signing)