Florida Department of State

Division of Corporations

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To:

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From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

**Enter the email address for this business entity to be used for fi annual report mailings. Enter only one smail address please.*

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CALLIGRAPHER'S INK, INC.

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9/14/2011

Articles of Amendment

NO. 7066 P.J.S. SEP 16 AM P. 26 AMASSEE FLORIDA **Articles of Incorporation** CALLIGRAPHER'S INK, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P93	3000052659	
(Document Nur	mber of Corporation (if kno	own)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	Torida Profit Corporation adopts the following
A. If amending name, enter the new name o	f the corporation;	
	DE DESIGN, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "In	c." or "Co". A professional corporation
B. <u>Enter new principal office address, if apr</u> (Principal office address <u>MUST BE A STREE</u>	olicable: TADDRESS)	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address i	n Florida, enter the name of the
Name of New Registered Agent:	2191-90 A1111- 3001 6221	
Thank of Ayen Accision on Agent.		
New Registered Office Address:	ered Office Address: (Florida street address)	
		, Fiorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changir	ng Registered Agent:	
hereby accept the appointment as registered a	gent. I am familiar with a	nd accept the obligations of the position.
<u></u>	ignature of New Registered	Avent, if changing

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)

<u>Title</u>	<u>Name</u>	Address_	Type of Action
<u>V.P.</u>	ANDREW M TRATTNER	345 EDEN TRAIL LAKE MARY FL 32746	O Add O Remove
<u>P./S.</u>	JOANNE C FINK	345 EDEN TRAIL LAKE MARY FL 32746	☑ Add □ Remove
(attach a	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe	cific)	
provisi	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amendmen	issued shares, nt itself:

SEP. 15. 2011 4:50PM	CAPITAL CONNECTION	NO. 7066 P.
The date of each amendmen	t(s) adoption: 09/13/2011	· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:	09/14/2011 (date of adoption is req	quired)
Wilderick Chate II abbreauth.	(no more than 90 days after amendment f	île date)
		,
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number ere sufficient for approval.	er of votes cast for the amendment(s)
	ere approved by the shareholders through vo ed for each voting group entitled to vote sep	
"The number of votes	cast for the amendment(s) was/were suffici	ent for approval
by		.,
	(voting group)	
action was not required. The amendment(s) was/we	ere adopted by the board of directors without ere adopted by the incorporators without sha	
action was not required.		
Dated 09/	14/2011	
Signature	Joannen Cich	
(By a	director, president or other officer – if director, president or other officer – if directly by an incorporator – if in the hunds of inted fiduciary by that fiduciary)	
	JOANNE F	ZNK_
	(Typed or printed name of per	
,	RES SECRETARY	
	(Title of person alguing)	
	}	