P430000 68439

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Diego Fallon, Inc DOCUMENT NUMBER: P93000068439 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Morgan Kane Name of Contact Person Diego Fallon, Inc Firm/ Company 1801 SE Hillmoor Dr Suite C208 Address Port St Lucie, FL 34952 City/ State and Zip Code finance@tchandv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 337-5083 Area Code & Daytime Telephone Number Stacey Goldberg Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ■\$43.75 Filling Fee & ■\$43.75 Filling 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

Diego Fallon, Inc.				
(<u>Name</u> (of Corporation as current	ly filed with the Florida Dept	(. of State)	
P93000068439				
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ac	lopts the following amenda	ient(s) to
A. If amending name, enter the new na	une of the corporation:			
			. The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registe	nation "Corp," "Inc," or " tion," or the abbreviation if applicable: TREET ADDRESS) icable: OFFICE BOX)	1801 SE Hillmoor Dr Suit Port St Lucie, FL 34952 Tress in Florida, enter the nan	orated for the appreviate attorn name must omain at JAN 30 A 114 ASSET FLORIBLE COMMENTS OF THE PROPERTY OF TH	
	Morgan Kane	<u></u>		
Name of New Registered Agent	1801 SE Hillmoor Dr Sui	te C208		
		reet address)		
New_Registered Office Address:	Port St Lucie		34952 , Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.	
	Signature of New I	Registered Agent, 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)

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>	<u>John Doe</u>	
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	Robert Allen Williams	117 West Bay St
Add			Wanchula, F1, 33873
X Remove			
2) Change	P	Morgan Kane	1801 SE Hillmoor Dr Suite C208
X Add			Port St Lucie, FL 34952
Remove			
3.) Change		_	2018 TALL
Add			A SA
Remove			30 SSE
4) Change			A II C
Add			12 (10)
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Articles, eng (Attach additional sheets, if necessary). (Be sp	ecific)		
			
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		23	= -
If an amendment provides for an exchange, re	eclassification, or cancellation of issued shares	. D	-2
provisions for implementing the amendment	if not contained in the amendment itself:	-	
(if not applicable, indicate NA)			
A			
		_	
			
		_	

The date of each amendment(s) a date this document was signed.	(doption:	, if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 30 days after amenament fue date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date wisepartment of State's records.	II not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The mimber of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder $\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}^{\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}}$	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	JAN 30
1/28/2019 Dated		>
	927	=
Signature	director, president or other officer – if directors or officers have not been	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Morgan Kane	
	(Typed or printed name of person signing)	 -
	President	
	(Title of person signing)	

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the