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| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

FILE





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | D.J. HARRISON, IN | IC. |
|--|--|---|--|
| DOCUMENT NUI | MBER: | 7 | |
| The enclosed Articl | es of Amendment and fee a | re submitted for filing. | |
| Please return all cor | respondence concerning thi | s matter to the following: | |
| _ | | Carolyn Saxon | |
| • | N | ame of Contact Person | |
| _ | Saxo | n & Chakhtoura, P.A. | |
| | | Firm/ Company | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 111 | South Scott Street | |
| _ | | Address | |
| : · · · · · | | | |
| , 60 | Me | lbourne, FL 32901. | |
| , - | | ity/ State and Zip Code | |
| | | * ** | |
| | expressm | neasign@cfl.rr.com | |
| | E-mail address: (to be use | d for future annual report notification | |
| For further information | tion concerning this matter, | please call: | |
| C | arolyn Saxon | at (321) | 727-2545 |
| | of Contact Person | Area Code & Daytime | |
| | | ade payable to the Florida Dep | • |
| | | раўзая за жа тогожа дор | |
| ✓ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy | ☐ \$52.50 Filing Fee Certificate of Status |
| | Commedia of Status | (Additional copy is enclosed | |
| Mailing Ad | dress | Street Address | |
| Amendment Section | | Amendment Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 6327 Clifton Building | | , | |
| Tallahassee, FL 32314 2661 Executive Center Circle | | rcie | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| • | to Articles of Incorporation | 1/2/20 |
|---|--|--|
| | of | To ARCHA |
| DIF | IARRISON, INC. | AUG CEG TO |
| | rrently filed with the Florida Dept. of | State State State |
| | 94000035267 | |
| | umber of Corporation (if known) | - Signature |
| Pursuant to the provisions of section 607.16 amendment(s) to its Articles of Incorporation | | ************************************** |
| A. If amending name, enter the new name | of the corporation: | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p | he designation "Corp," "Inc," or "Co | ". A professional corporation |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRI | | |
| C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF) | | |
| D. If amending the registered agent and/o new registered agent and/or the new re | | enter the name of the |
| Name of New Registered Agent: | Dina M. Delaurentiis-Smith | |
| New Registered Office Address: | 1558 South Wickham Road (Florida street address) | · · · |
| | Melbourne (City) | , Florida <u>32904</u> (Zip Code) |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | | the obligations of the position. |

Page 1 of 3

جئا ہے

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, rame, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | Name | Address | Type of Action |
|-----------------|--|--|-------------------|
| D/PVS | Deborah J. Harrison | 1558 South Wickham Road Melbourne, FL 32904 | ☐ Add ☑ Remove |
| D/PVS | Dina M. Delaurentiis-Smith | 1558 South Wickham Road Melbourne, FL 32904 | ☑ Add □ Remove |
| Married Married | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter c | | |
| | | | |
| provisions | dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A) | | |
| , | | | |
| | | | |
| | | , | |

| The date of each amendment | adoption: March 15, 2010 |
|---|--|
| , , , , , , , , , , , , , , , , , , , | (date of adoption is required) |
| Effective date if applicable: | no more than 90 days after amendment file date) |
| | no more than 90 days after amenament file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer by the shareholders was/we | adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval. |
| | approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes of | st for the amendment(s) was/were sufficient for approval |
| by | |
| | voting group) |
| The amendment(s) was/wer action was not required. | adopted by the board of directors without shareholder action and shareholde |
| The amendment(s) was/wer action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated_July | 0, 2016) H(M/de Acha M |
| Signature | director, president or other officer - if directors or officers have not been |
| | ed, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | nted fiduciary by that fiduciary) |
| | Dive M. Deleveredi's Covite |
| | Dina M. Delaurentiis-Smith |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |