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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DENRICK, INC		
	1BER: P 95000049249		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	BRIAN FAY		
		Name of Contact Person	1
	ORLANDO TAX ACCOUN	TING LLC	
		Firm/ Company	
	115 MAITLAND AVE		
		Address	
	ALTAMONTE SPRINGS FI	_32701	
		City/ State and Zip Code	2
	BRIAN@ORLANDOTAXA	CCOUNTING.COM	
	E-mail address: (to be u	sed for future annual report	notification)
for further informati BRIAN FAY	ion concerning this matter, plea		200 0417
	e of Contact Person	at (at () 200 0417 de & Daytime Telephone Number
	for the following amount made		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	nendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Amend Division The Co 2415 I	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810 assee. FL 32303

Articles of Amendment Articles of Incorporation οſ

	Articles of Amendment	₹,
•	to Articles of Incorporation	· · · · · · · · · · · · · · · · · · ·
	of	19 S.
DENRIC, INC		
(<u>Name</u>	of Corporation as currently filed with the Fl	lorida Dept. of State)
95000049249		
	(Document Number of Corporation (if k	nown)
ursuant to the provisions of section 607 Articles of Incorporation:	7.1006, Florida Statutes, this <i>Florida Profit Cor</i>	paration adopts the following amendment
. If amending name, enter the new n	name of the corporation:	
		The new
	n the word "corporation," "company," or "inc Corp," "Inc," or "Co". A professional cor " or the abbreviation "P.A."	
Enter new principal office address.		
Principal office address <u>MUST BE A S</u>	NIKEET ADDRESS)	
Enter new mailing address, if app	llaabla	
(Mailing address MAY BE A POST		
	nd/or registered office address in Florida, en	ter the name of the
new registered agent and/or the ne	w registered office address:	ter the name of the
	W registered office address: ORLAND TAX ACCOUNTING LLC	ter the name of the
new registered agent and/or the ne	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE	ter the name of the
new registered agent and/or the ne	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address)	
new registered agent and/or the ne	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS	. Fiorida 32701
new registered agent and/or the ne Name of New Registered Agent	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address)	32701
new registered agent and/or the ne	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS	. Fiorida 32701
new registered agent and/or the ne Name of New Registered Agent New Registered Office Address:	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS (City)	. Fiorida 32701
new registered agent and/or the ne Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if a	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS (City)	. Florida 32701 (Zip Code)
new registered agent and/or the ne Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if o	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS (City)	. Florida 32701 (Zip Code)
new registered agent and/or the ne Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if o	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS (City)	. Florida 32701 (Zip Code)
new registered agent and/or the ne Name of New Registered Agent New Registered Office Address: www. Registered Agent's Signature, if o	ORLAND TAX ACCOUNTING LLC 115 MAITLAND AVE (Florida street address) ALTAMONTE SPRINGS (City)	. Florida 32701 (Zip Code)

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	ı <u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	v Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	VSTD	DENNIS E. CLAY	435 S NASHVILLE AVE
Add			ORLANDO FL 32805
X Remove			
Change			
Add			
Remove Change	VSTD	PAUL EDWARD CLAY	2744 ORCHARD DRIVE APOPKA FL 32712
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>	heets, if necessar	y). (Be sp	er change(s) ecific)	•		,	••
Removing	Dennis	Clay	as	Register	ed Agent	- and	Office
	0 1 6						· ·· <u></u>
Changing	You! C	lays	<u>+i4le</u>	trom,	Sugal +	<u>o `VS</u>	TD
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provisions for imp	olementing the a	amendment)	if not contain	ed in the amen	dment itself;		

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option:	, if other than the
(no more than 90 days after amendment file date)	
ock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
(CHECK ONE)	
oted by the incorporators, or board of directors without shareho	older action and shareholder
oted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment or the amendment(s) was/were sufficient for approval	
cctor, president or other officer – if directors or officers have n by an incorporator – if in the hands of a receiver, trustee, or of d fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)	
	(no more than 90 days after amendment file date) ack does not meet the applicable statutory filing requirements for artment of State's records. (CHECK ONE) and by the incorporators, or board of directors without shareholded by the shareholders. The number of votes cast for the amendment for approval. and by the shareholders through voting groups. The following that voting group entitled to vote separately on the amendment or the amendment (s) was/were sufficient for approval (voting group) (voting group) (voting group) (voting group) (voting group) (Typed or printed name of person signing)