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13 SEP 30 ANTI: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 4 2013

EXAMINER

COVER LETTER

T0: Amendment Section Division of Corporations				
NAME OF CORPORATION: DAVID K. DESTUCHERS TAK. DOCUMENT NUMBER: P99000042701				
DOCUMENT NUMBER: <u>P99000042701</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Firm/ Company Address Address Address Address City/ State and Zip Code Address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
A A				
NAUN at (541) 254 4990				
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

CK 2260

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

λ	of	13 SEP 30 AM 11:02
DAVIA K DESTOCKE	rs. Inc.	SECRETATE OF ANY
(Name of Corporation as currently file	d with the Florida Dept. of State)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
P99000042701		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:	The
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional Association," or the al	"Inc," or "Co". A professional cor	The new proporated" or the abbreviation poration name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>	o <u>NA</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent		name of the
	(Florida street address)	<u> </u>
New Registered Office Address	Flor	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent.	tered Agent:	tions of the position
r neveuy accept the appointment as registered agent. T	am tammat with and accept the bollya	нинь иг те рознит.
Signatura of Mbu	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>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Stephen E. Desroe	Address Listed 15:
1)Change	V.P.	Stephen E. Desnoe	hers 315 Turket may
Add			P.B.Sheres
Remove			F1 33401
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			***************************************
4) Change			
Add			
Remove			
51 01			
5) Change			
Add			4
Remove			
6) Change		_	
Add			
Remove			

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

The date of each amendment(s) adoption:	<u> </u>	14.	if other than th
date this document was signed.	13 SEP	30	AM 11: 02
Effective date <u>if applicable</u> : <u>1.23.1.5</u>	SECO		
Effective date <u>if applicable</u> : 9.23.13 (no more than 90 days after amendment file date)	ALLAHA	ARY SSEE	OF STATE - FLORIDA
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	ndment(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment			
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by			
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older		
Dated 9-23.13			
Signature Like Outrochus - Savid K. D.	esract	EV	PRES.
(By a director, president or other officer – if directors or officers have n	ot been		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
selected, by an incorporator - if in the hands of a receiver, trustee, or or	ther court		
appointed fiduciary by that fiduciary)			
DAVIN R. DESTOCHETS			_
(Typed or printed name of person signing)			
Parsidenet			
(Title of person signing)			-