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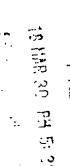
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TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DREAM LAKES OF FLORIDA, INC. DOCUMENT NUMBER: P99000088436 The enclosed Aracles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JON ACKERLY Name of Contact Person DREAM LAKES OF FLORIDA, INC. Firm/ Company 2161 E. COUNTY ROAD 540A, NO. 222 Address LAKELAND, FL 33813 City/ State and Zip Code cjackerly@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863) 802-5000

Area Code & Daytime Telephone Number TED W. WEEKS IV, ESQ. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.D. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DREAM LAKES OF FLORIDA, INC.					
	of Corporation as curre	ntly filed with the Florid	la Dept. of State)	_ _	
P9900088436					
	(Document Numbe	r of Corporation (if knowr	1)	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, tl	nis <i>Florida Profit Corpord</i>	ution adopts the follo	wing amendmen	ıt(s) to
A. If amending came, enter the new na	me of the corporation:				
NA				77	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	r "Co". A professional o n "P.A."	incorporated" or the corporation name m	The new e abbreviation ust contain the	
B. Enter new principal office address, if applicable:		NA			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				
			-		
				70 -	7]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		33 [,
	<u>, , , , , , , , , , , , , , , , , , , </u>		· ·	・チ	, i) (**)
				 	~~
D. If amending the registered agent an	d/or registered office a	ddress in Florida, enter t	he name of the		
new registered agent and/or the new					
Name of New Registered Agent	NA				
Ì	(Florida	street address)			
New Registered Office Address:	NA		Elonida		
New Registerea Office Address.	 .	(City)	, Florida	Zip Code)	
New Registered Agent's Signature, if ch			e de proje		
I hereby accept the appointment as registe	erea agent 1 am jamuu	ir with and accept the obti	igations of the positio	m.	
	Signature of Nev	v Registered Agent, if char	nging		

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 dflicer/director title by the first letter of the office title:

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.

Example: X Change	<u>PT</u> <u>J</u>	Iohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>τ</u>	ROBINSON, JENNIFER	2161 CR 540A #222
Add			LAKELAND, FL 33813
X Remove			
2) X Change	! 'T	ACKERLY, JON T	2161 CR 540A #222
Add			LAKELAND, FL 33813
Remove			
3) Change			
Add			
Remove			-
D. Char			
4) Change			<u>.</u> .
Add			
Remove			
5) Change			
Add			
Remove			
,			
6) Change			_
Add			
Remove	I		

E. If amending or adding additional Articles, enter change	ge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
F. If an amendment provides for an exchange, reclassific provisions for implementing the amendment if not co	ation, or cancellation of issued shares, ntained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	MARCH 16, 2018 adoption:	_, if other than th
date this document was signed.	, acoption.	_, it office than in
	1ARCH 16, 2018	
Effective date <u>d'applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the sharefolders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
i –	(voting group)	
The amendment(s) was/were action was no required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	Man 20,2018	
Signature	Jan V. alaly	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court of inted fiduciary by that fiduciary)	_
	JON T. ACKERLY	
	(Typed or printed name of person signing)	
	PRESIDENT AND TREASURER	
	(Title of person signing)	