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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Gillespie Services, i	Inc.		
	N96000005840			
DOCUMENT NUMBER:		<del></del>		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
David L Gillespie				
	·	(Name of Contact Pe	erson)	
Gillespie Services, Inc.				
		(Firm/ Company	′)	
P.O. Box 411659				
		(Address)	·-·	
Melbourne, FI 32941				
	(	(City/ State and Zip (	Code)	
dgillespie5@cfl.rr.com				
E	-mail address: (to be used	for future annual rep	ort notification	)
For further information conc	erning this matter, please of	call:		
Pamela Gillespie		at	321	795-4309
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
	• •	_		

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

Gillespie Services, Inc.			
(Name of Corporation	as currently filed with the Flori	da Dept. of State)	
N96000005840			
(Docum	ent Number of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
N/A		Ti	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new " or the ubbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	18 JUN 1	
D. If amending the registered agent and/or registered agent and/or the new registered	ed office address:	enter the name of the S	
Name of New Registered Agent:	N/A 		
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		he obligations of the position.	
- <del></del> -	Signature of New Registe	red Avent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Marti P. Thomas	1325 Friday Road
X Add			Cocoa, FI 32926-3440
Remove			
2) Change			
Add			<del></del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del>.</del>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:			
(attach additional sheets, if necessary).	(Be specific)			
N/A				
N/A				
		- ***		
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The date of each amendment(s) adoption:	, if other than $\omega$
late this document was signed.	
June 4, 2018 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes cast for the am was/were sufficient for approval.	endment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) vadopted by the board of directors.	was/were
June 4, 2018 Dated	
Signature Quid Hillassil	
(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, to other court appointed fiduciary by that fiduciary)	
David L. Gillespie	
(Typed or printed name of person signing)	
Executive Director	
(Title of person signing)	<del></del>