191849

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SECRETARY OF SHALL VISION OF CORPOSATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GAlloway'S IUC.
DOCUMENT NUMBER: 191849
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Galloway
Name of Contact Person
Golloway's Inc.
Firm/Company 7/1 S- Howard Ave, Ste 200 Address Tampa, FL 33606 City/ State and Zip Code
Address
City State and Time Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Galloway at 813 401-6161 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 (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

to of Incorporation

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	of	ation	15 JAN 2	•
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(Name of Corporation ascurre	nfly filed with the Florid	a Dept. of State)		
191	849			
(Document Num	ber of Corporation (if known	wn)		<u> </u>
Pursuant to the provisions of section 607.1006, as Articles of Incorporation:	Florida Statutes, this <i>Flori</i> d	da Profit Corporat	ion adopts the follo	owing amendment(s)
ame must be distinguishable and contain the		Inc.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional co	ncorporated" or the orporation name m	e abbreviation oust contain the
B. Enter new principal office address, if app Principal office address MUST BE A STREE	licable:	N/.	A	
<u></u>			• • • • • • • • • • • • • • • • • • • •	
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		NI	4	
	-			
		·		
 If amending the registered agent and/or r new registered agent and/or the new registered. 		n Florida, enter th	ie name of the	
	AI/13			
Name of New Registered Agent	7 6 7 7-7			
	(Florida street aa	ldress)	<u></u>	•
New Registered Office Address:	NA	, F	lorida	
	(City)		(Zip Code) -
New Registered Agent's Signature, if changing the heapt in the heap of the hea	n <mark>g Registered Agent:</mark> igent. I am familiar with a	ınd accept the oblig	gations of the positi	ion.
Signatur	e of New Registered Agent	, if changing		

nddress of each Office (Attach additional sheet Please note the officer/o P = President; V= Vict Executive Officer; CFC held. President, Treasur Changes should be note	r and/or I ts, if neces. director tit. e Presiden D = Chief rer, Direct ed in the fo eaves the c	Director I sary) le by the t; T= Tre Financia or would billowing t corporati	being added: first letter of the easurer; S= Secr l Officer. If an o be PTD. manner. Current on, Sally Smith is	No Chang office title: retary; D= Director; officer/director holds tly John Doe is listed	TR= Tri more th	irector being removed ustee; C = Chairman or an one title, list the firs. ST and Mike Jones is lis hould be noted as John I	Clerk; CEO t letter of eac ted as the V.	= Chief ch office There is
Example: <u>X</u> Change	<u>PT</u>	John D	toe					
X Remove	<u>V</u>	Mike J	ones					
X Add	<u>sv</u>	Sally S	mith	·				
Type of Action (Check One)	Title	•	Name		•	Address		•
1) Change		_			_			
Add						· ' -	·	•
Remove								
2) Change					_		<u> </u>	
Add								
Remove								
3) Change							 	
Add					•		····	
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4) Change								
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5) Change		—		,	_			
Add								
Remove								•
6) Change								
Add								

_ Remove

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	<u> 51 HEI V</u> .		
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	<u>,</u>	<u> · </u>		
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassificati ndment if not conta	nined in the amend	of issued shares, ment itself:	
		· 		



The date of each amendment(s) adoption:	15 JAN -2 PM 2: 09, if other than the
date this document was signed.	1st a
Effective date if applicable:	days after amendment file date)
(no more than 90	aays after amenament file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through the separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	out shareholder action and shareholder
Dated 12/29/14	
Signature and	illen-
(By a director, president or other office	er - if directors or officers have not been
sele cted , by an incorporator – if in the appointed fiduciary by that fiduciary)	hands of a receiver, trustee, or other court
appointed reductary by that reductary)	
Jennit	es Galloway
(Typed or pr	inted name of person signing)
Vice	President
(Titl	e of person signing)