

	(Requestor's Name)	_
	(Address)	_
	(Address)	_
	(City/State/Zip/Phone #)	_
	CK-UP WAIT MAIL	
<u> </u>	(Business Entity Name)	_
	(Document Number)	_
Certified Copies	S Certificates of Status	_
Special Instruc	ctions to Filing Officer:	
}		
	Office Use Only	



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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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<u>}</u>	 		
WILLIAM H. GII	LMORE, INC.		
	 		
			_
			Art of Inc. File
			LTO Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
i C			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
{			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		<u></u> -	Fictitious Owner Search
			Vehicle Search
 			Driving Record
Requested by BA	7/11/18		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

Articles of Amendment to Articles of Incorporation of

WILLIAM H. GILMORE, INC.		
N .	rporation as currently filed with the Florida Dep	st. of State)
12802		
į.	(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, s Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation a	dopts the following amendment(s)
If amending name, enter the new name o	f the corporation:	
		The new
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord chartered." "professional association,"	he word "corporation," "company," or "incorport "Corp," "Inc," or "Co". A professional corport or the abbreviation "P.A."	orated" or the abbreviation
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	TADDRESS)	
		
1		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	CE_BOX)	
		
		
If amending the registered agent and/or revergistered agent and/or the new registered agent and/or reversible agent agent and/or reversible agent ag	egistered office address in Florida, enter the nan	ne of the
	nered office address.	
Name of New Registered Agent		
1	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
į		
Registered Agent's Signature, if changing	g Registered Agent: gent. I am familiar with and accept the obligations	s of the nasition
I	gent. I am familiar with and accept the obligations	of the position.
		22 2
	Signature of New Registered Agent, if changing	
		S S S =
1		

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, Sully 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:	e, ana sa	ay Sman, Sr as an Ada.	
X Change	<u>PT</u>	John Doc	
X Remove	Y	Mike Jones	
_X dd	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	TD	Roseann Haggert	11921 - 195th Place
Add			Dunnellon, FL 34431
Remove			
2) X Change	PD	Sanford A. Haggert	11921 - 195th Place
Add			Dunnellon, FL 34431
Remove			
3) Change	SD	Tracie Haggert	384 Tavernier Circle
× Add			Oldsmar, FL 34677
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ach additional sheets, if necessary). (Be specific)
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an	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
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Effective date if appli	cable:
	(no more than 90 days after amendment file date)
Note: If the date inse document's effective d	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)
The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.
The amendment(s) must be separately	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
a a	of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) vaction was not requi	vas/were adopted by the board of directors without shareholder action and shareholder red.
The amendment(s) vaction was not requi	vas/were adopted by the incorporators without shareholder action and shareholder red.
Dated	turg 2/11/2018
Signa	turg
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Chad Haggert
}	(Typed or printed name of person signing)
	Vice President and Director
1	(Title of person signing)