384021

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SEP 1 4 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Gateway Alliance	Со		
DOCUMENT NUM				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	Jeffrey F. Hinton			
	Name of Contact Person			
		Firm/ Company		
	Firπν Company 12510 Metro Parkway			
	Address			
	Fort Myers, FL 33966	City/ State and Zip Cod		
: r c		City/ State and Zip Cod	5	
Jena	gairstationav.com E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e cail:		
Jeffrey F. Hinton		at (239	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Gateway Alliance Co.		_
(Name of Corporati	on as currently filed with the Florida Dept. of State)	
384021		
(Docun	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following	owing amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		_
	rd "corporation," "company," or "incorporated" or to "," "Inc," or "Co". A professional corporation name n abbreviation "P.A."	
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
		55
		THE PERSON NAMED IN COLUMN 1
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D. If amending the registered agent and/or register new registered agent and/or the new registered		
		25. 25. 25. 25. 25. 25. 25. 25. 25. 25.
Name of New Registered Agent		
		
	(riorida street daaress)	
New Registered Office Address:	, Florida	(C) (C) (C)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	(City)	(Zip Code) ion.
Sign	nature of New 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)

Example:

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	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Norman W. Hinton	12510 Metro Parkway	
Add			Fort Myers, FL 33966	
X Remove				
2) Change	PST	Jeffrey F. Hinton	12510 Metro Parkway	
X Add			Fort Myers, FL 33966	
Remove				
3) Change	******			
Add				
Remove				
4) Change				
Add				
Remove		,	**************************************	
5) Change	· 4,0 4,40 - 0,000 - 0,0	** ***********************************		
Add				
Remove				
6) Change			****	
Add			A replacement of the second se	
Remove				

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	ovides for an exch	ange, reclassifica	ation, or cancellation	on of issued shares,	
orovisions for impl (if not applicab	lementing the amer le, indicate N/A)	idment if not coi	itained in the amei	tanient Rsen.	
provisions for impl	lementing the amer	idment if not coi	itained in the ame	entent ((sea).	*
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provisions for impl	lementing the amer	idment if not co	itained in the amei	COMMENT (CSCA).	

	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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) Jeffrey F. Hinton	
(Typed or printed name of person signing)	
President	
(Title of person signing)	