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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GILLILANG-OBERLIN, INC.					
DOCUMENT NUMBER: F42675					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Richard K. Gilliland Name of Contact Person					
GILLILAND-OBERLIN, INC Firm/Company					
2158 SYLVAN LEA DRIVE					
SARASOTA, FL 34240					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: R. Kim Gilliand at (941 809.5151 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
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

Articles of Incorporation of

	N, INC 14 DEC -3 AM II: 21
(Name of Corporation as currently filed with the	Florida Dept. of State) AND AND THE AND THE STATE OF THE
F42675	
(Document Number of Corporation	(if known)
suant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or d'"chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	SARASOTA, FI
morphi office and cas <u>macor issues to the second</u> /	
	34240
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2158 SYLVAN LEA DRIVE SARASOTA, FL
	SARASOTA, FL
	34240
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
(Florida st	treet address)
New Registered Office Address: (City	, Florida (Zip Code)
Cay	(Elp Code)
v Registered Agent's Signature, if changing Registered Agen	

Signature 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)

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 <math>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	PT J	John Doc			
X Remove	<u>v</u> !	Mike Jones			
X Add	<u>sv</u> <u>s</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change				/ 	
Add		\sim			
Remove		\			
2) Change					
Add				···	
Remove		/	/		
3) Change					
Add					
Remove					
4) Change		/			
Add	,				
Remove					
5) Change	\angle				
Add	/				
Remove					
6) Change					
Aget					
Remove					

amending of attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	, X
	NX /
_	
<u>provisions for</u>	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:
(if not app	plicable, indicate N/A)

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 11/2	4/2014	
Signature	Rand K. 1900 Com	
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	RICHARD K. GILLILAND	
	(Typed or printed name of person signing)	
	PresidenT	
	(Title of person signing)	