L15504

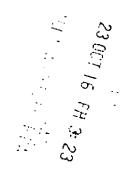
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GLS ONE HOLDIN	vGS, INC.			
DOCUMENT NUMB					
	of Amendment and fee are sub	omitted for filing.			
Please return all corresp	pondence concerning this mat	ter to the following:			
ı	GORDON L. SAPP				
-		Name of Contact Person			
-		Firm/ Company			
_	PO BOX 20905				
	SARASOTA, FL 34276	Address			
-		City/ State and Zip Code	City/ State and Zip Code		
For further information	concerning this matter, pleas	ed for future annual report	in/in/eution/		
GORDON L. SAPP		at (356-2446) de & Daytime Telephone Number		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Incorporation of

Articles of Amendment

GLS ONE HOLDINGS, INC.			•	(4)
(Name of Corporati	on as currently fil	ed with the Florida	Dept. of State).	ঠ
L15504			•	
(Docun	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Flor</i>	ida Profit Corporatie	on adopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:	_		
1/A/U Pos	+ Sandica	5 INC		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	orporation," "comp " or "Co". A pr	pany," or "incorporat		ion "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>DX</u>) _			
D. If amending the registered agent and/or register		in Florida, enter the	name of the	
new registered agent and/or the new registered				
Name of New Registered Agent				_
	(Florida street a	uddress)		_
New Registered Office Address:			. Florida	
New Acquirered Office Address.	(Cir	vý		(Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accent the abliga	itions of the position	
поселу имеер на арронител из геділісти адет.	1 am jumuar mu	and accept the owigo	ations by the position	
Circu	ntron of Man Davis	tered Agent, if changi	iner	_
signe	anar oj isew negis	terea agent, y changi	ng.	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change (Be specific)			
				
	-			
			_	
•	~		<u>-</u>	
			.	_
			<u> </u>	
				
				_
		-		
an amendment provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued share	<u>es.</u>
covisions for implementing the am (if not applicable, indicate N/A)	endment if not con	itained in the am	endment itself:	
(ц погаррисате, такале пл.)				
	-			· · · · · · · · · · · · · · · · · · ·
 ,,			<u> </u>	

The date of each amendment(s) adoption: _______, 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 be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east 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 (voting group) Dated 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) GORDON L. SAPP (Typed or printed name of person signing) DIRECTOR

(Title of person signing)