M35575

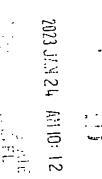
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: G & E Developme	ent Corporation	
DOCUMENT NUMI			
	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Kristen Sherman		
		Name of Contact Person	1
		Firm/ Company	
	PO Box 82691		
		Address	
	Kenmore WA 98028		
		City/ State and Zip Code	2
	kbrewersherman@yahoo.com	n	
	E-mail address: (to be us	sed for future annual report	notification)
or further information	n concerning this matter, plea	se call:	
Kristen Sherman	-	206	799-3292
Name o	of Contact Person	at (Area Coo)le & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

G&E Development Corporation		7022 1411 21
(Name of Corporation as current)	y filed with the Florida Dept. of Sta	. 2⁰²³ JAN 24 - AN 10: †2
M35575		- CATE
(Document Number o	f Corporation (if known)	17.2
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the all professional corporation name mu	bbreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3530 Mystic Pointe Dr #3115	
· · · · · · · · · · · · · · · · · · ·	Aventura FL 33180	
D. If amending the registered agent and/or registered office address Name of New Registered Agent		
(Florida str	eet address)	
·	•	
New Registered Office Address:	, Florida (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w		position.
Signature of Nov. D.	egistered Agent, if changing	
Signature of New Re	зуменей муст, у спапуту	
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>	Name	Address	
1) Change	D	Ofelia Sherman, as Trustee	3530 Mystic Pointe Dr #3115	
Add X			Aventura FL 33180	
Remove 2) Change	PDST	Ofelia Sherman	3530 Mystic Pointe Dr #3115	
X Add			Aventura FL 33180	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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Asset in	
The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): The the amendment(s) was/were sufficient for approval
	•
	(voting group)
01/13/2023 Dated	
Signature	el Stomey
selected,	ctor, president or other officer if directors or officers have not been by an incorporator if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
O	felia Sherman
	(Typed or printed name of person signing)
Pı	resident and Director

(Title of person signing)