(Re	equestor's Name)	1
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GEGRETARY OF STAIL ORVISION OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

V

NAME OF CORPORA	TION: Grea	+ Exp	ectatio	ns Servic
DOCUMENT NUMBER	r: <u>N 1 0</u> 0	0000203	360	
The enclosed Articles of	Amendment and fee are s	ubmitted for filing	3.	
Please return all correspo	ndence concerning this ma	atter to the follow	ring:	
	Jonatha (Name of		omas ons Service	<u>—</u> es Corp.
	(Fir	m/ Company)		
	36409	Via Ma (Address)	rcia	<u>_</u>
	Fruit) (City/s	and Part tate and Zip Code	TK, FZ 347	3)
	Great Exp E-mail address: (to be us	sed for future ann	1 2 Concast	t.net
For further information co	oncerning this matter, plea	ase call:		
	han Thomas Contact Person) ne following amount made			
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	-	Filing Fee & Copy Copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of P.O. Box	ent Section of Corporations	Am Div Clit 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circ lahassee, FL 32301	le

## Articles of Amendment **Articles of Incorporation**

(Name of Corporation as currently filed with the Florida Dept. of State) N10000002036 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 310409 Via Marcia B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Fruitland Park, FL 34731 C. Enter new mailing address, if applicable: 36409 Via Marcia (Mailing address MAY BE A POST OFFICE BOX) Fruitland Park FL 34731 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: on athan Thomas Name of New Registered Agent: 310409 Via Warcia (Florida street address) New Registered Office Address: Fruitland Park, Florida 34731
(Circ) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 84

## 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)

Title	Name	Address	Type of Action
	Ogden, Drew	406 Miller St Fraitland Park FL 3	_ MAdd (change)
BM	Gordon, Patricia	535 Twin Palms R Fruitland Parkfre	
BM	Holcomb, Rachel M.	307 Amuda Lana Lecsburg, FL 3474	Add Remove
E If amound	* Please see Addit	_	n Page 3.
	ling or adding additional Articles, enter of the line		
	Article VIII	<u> </u>	
ila	on dissolution of this	corneration as	sets shall
be a	listributed for one or	more exempt	our poses
within	the meaning of see	, , , , ,	7 1
Inter	rual Kevende Cade		1
of to	he tax code) or		
feder	al government, or to	a state or local	government,
for	jublic purpose, for	a purpose. Any	such assets
15	so desposed of shall	be disposed of	by the court
of C	omnion pleas of the	county in which	the principal
stra	e of the average	is the hands	a velleri celsi
for:	such purposes or to	such organization	in a organizations
45	said Court shall do	termine, whith	which are
orgo	such purposes or to said Court shall do anited and operated	exclusively for	v such
pur	06505		

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Jonathan Thomas	36409 Via Marcia	□ Add
		Fruitland Park, FL 34731	d Change □ Remove
<u> </u>	Tina Ogden	36409 Via Marcia	□ Add
		Fruitland Park F234731	☑ Change □ Remove
****			□ Add
			□ Remove
		·	□ Add
		11	□ Remove

The date of each amendment(s) add	option:
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were
Dated	5/2011
Signature	
(By the ch have not b	airman or vice chairman of the board president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Jonathan Thomas
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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