(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ве	usiness Entity Nar	ne)
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MAY 25 2016

R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2016

VICTORIA SAMUELS P.O. BOX 616683 ORLANDO, FL 32861

SUBJECT: THE GABRIEL CORPORATION

Ref. Number: N11000008630

We have received your document for THE GABRIEL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 416A00009173

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Gabizuel Corporation
DOCUMENT NUMBER: N11-00008630
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victoria Samuels (Name of Contact Person)
(Name of Contact Person)
The Cabriel Corporation (Firm/Company)
(Firm/ Company)
P.O. Box 616683
(Address)
Orlando, Fc 32860 (City/State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Victoria Samuels (Name of Contact Person) at HON - 247.7578 (Area Code) (Daytime Telephone Number)
(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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mading Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Taliahassee, FL 32314 Control of Corporations Clifton Building Taliahassee, FL 32314 Control of Corporations Clifton Building Taliahassee, FL 32314 Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation FILED
16 MAY 24 AM II: 33

of Signature
The Gapriel Corporation Milander Commission
(Name of Corporation as currently filed with the Florida Dept. of State)
N11000008630
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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.
B. Enter new principal office address, if applicable: #141 750 Sactor
(Principal office address MIST RE 4 STREET ADDRESS)
orange Blussom Irail
Orlando, FC 32805
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX)
orlando It 32861
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:
Name of New Registered Agent: Victoric Jamuels
#141 750 South orange Blosson Track
(Florida street address)
New Registered Office Address:
tricando, Florida 3 2-805 (City) (Zip Code)
(City) (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.
\bigvee
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 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 X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	JoAnn Hardy	Appka, Fe 32703
2) Change Add	P-CEO	Treliah Samuels	P.O.BOX 9113 Clarcong, FC 32710
Remove 3) Change Add	VP	Barbara Gbson	1475 North New York F Lakeland, Fc 33805
4) Change Add	D-CFO	Victoria Samuels	P.O.Bex 943 Clarcona fc 32710
Remove 5) Change Add	TR	Jordan Samuels	P.O. Box 943 clarcona (FC 3210)
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(attach additional sheets, if necessary). (Be specific)	
NA	
	
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The date of each amendment(s) adoption: OL-OL-OLO if other than th	e
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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 64.61.2016	
Signature Same S	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
() the or become signing)	