N15000006511

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SECRE TARY OF STATEMENT OF CORPORATIONS

JAN 22 2016

C McNAIK

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

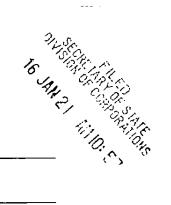
Tallahassee, FL 32314

HAMLIN HOLDIN NAME OF CORPORATION:	NGS CORP
N15000006511 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
LAURA GOLEMBUSKI	
	(Name of Contact Person)
	(Firm/ Company)
625 WALTHAM AVE	
	(Address)
ORLANDO, FL 32809	
	(City/ State and Zip Code)
laura@lilliangroup.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
LAURA GOLEMBUSKI	407 221-8986 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$35 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	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HAMLIN HOLDINGS CORP

(Name of Corporation as curre	ntly filed with the Flor	ida Dept. of State)
N15000006511		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	(i)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of	ice address in Florida.	enter the name of the
new registered agent and/or the new registered office		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: N/A		
	(F)	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		the obligations of the position.
	Signature of May Pegis	tored 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>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JAMES CHAPO	625 WALTHAM AVE
Add X Remove			ORLANDO, FL 32809
2) Change	VP	MADEAN DUNBAR GILZENE	6690 RAINWOOD COVE LANE
X Add			LAKEWORTH, FL 33463
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
* *	
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The	he date of each amendment(s) adoption:	, if other than the
	ate this document was signed.	
E cc	JAN. 15, 2016	
EII	ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records.	, this date will not be listed as the
Ad	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.) was/were
	Dated JAN. 15, 2016	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator — if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
	JAMES CHAPO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	