N19000003598

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

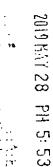
Office Use Only

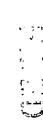


400329399574

U5/28/19--01018--029 **35.DB

R. WHITE JUN 11 2019





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GLANSON CORPO ON:	RATION ————————————————————————————————————		
DOCUMENT NUMBER:	N19000003598			
The enclosed Articles of An	nendment and fee are subr	nitted for filing.		•
Please return all corresponde	ence concerning this matte	er to the following:		
Greg K. Myers				
		(Name of Contact I	Person)	
Myers Business Services, In	c.			
		(Firm/ Compar	ıy)	
P.O. Box 10189				
	·	(Address)		
Brooksville, FL 34603-0189	1			
		(City/ State and Zip	Code)	
MBSINC1979@aol.com				
I.	-mail address: (to be used	for future annual re	port notificatio	n)
For further information cone	erning this matter, please	call:		
Greg K. Myers		•4	352 t	544-0024
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Department of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	Certi: is Certi: (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

				التوجيد الا
	GLANSO	ON CORPORATION	2019 H. 7 2	Ω
(Name of Corporation	n as curren	tly filed with the Florida Dept	of State)	0 77 5: 5:
	NΙ	9000003598		
(Docu	ment Numb	er of Corporation (if known)		471
Pursuant to the provisions of section 617,1006, Flomendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For Profit C</i>	Corporation adopts the	he following
If amending name, enter the new name of the	e corporat	ion:		
				The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		tion" or "incorporated" or the	abbreviation "Corp.	
Enter new principal office address, if applica	ible:	624 Decatur Avenue		
Principal office address <u>MUST BE A STREET A</u>		Brooksville, FL		
		34601-3236		
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	c/o MBS, Inc.		
		P.O. Box 10189		
		Brooksville, FL 34603-0189		
. If amending the registered agent and/or regi	stered offic	ce address in Florida, enter the	e name of the	
new registered agent and/or the new register	red office a	ddress:		
Name of New Registered Agent: Myers Business Services, Inc.			<u> </u>	
	624 Decat	ur Avenue		
		(Florida street	address)	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Brooksville

(City)

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> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S/T/D	Arlene Glantz	624 Decatur Avenue
Add			Brooksville, FL
Remove			34601-3236
2) X Change	P/D	Mark C. Johnson	624 Decatur Avenue
Add			Brooksville, Fl.
Remove			34601-3236
3) X Change	VP/D	Ed Brady	624 Decatur Avenue
Add		-	Brooksville, FL
Remove			34601-3236
4) Change	· - • ,		
Add			
Remove			
5) Change			
Add			16.
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
CHANGE: ARTICLE III:					
The organization is organized for charitable, religious, educational and scientific purposes under section 501(c)(3) of the					
Internal Revenue Code, or corresponding section of any future federal tax code in order to raise funds for charitable purposes					
ADD: ARTICLE IX:					
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of					
section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code or shall be distributed					
to the federal government, or to a state or local government, for a public purpose.					

May 17, 2019	
ion:	, if other than the
(no more than 90 days after amendment file date)	
oes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
(CHECK ONE)	
ed by the members and the number of votes east for the	ne amendment(s)
entitled to vote on the amendment(s). The amendmen	n(s) was/were
lected, by an Mcorporator – if in the hands of a receive	cer-if directors /er. trustee, or
Greg K. Myers	
(Typed or printed name of person signing)	
Registered Agent	
(Title of person signing)	
j 1	(no more than 90 days after amendment file date) loes not meet the applicable statutory filing requirement of State's records. (CHECK ONE) ed by the members and the number of votes east for the entitled to vote on the amendment(s). The amendment entitled to vote on the amendment(s). The amendment elected, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary) Greg K. Myers (Typed or printed name of person signing) Registered Agent