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PICK-UP	☐ WAIT	MAIL
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Cartified Conice	Codificatos al	F Ctatus
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

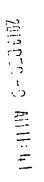
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C. GOLDEN
JAN 1 3 2020

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	C. ·
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Darby Campbell	
	(Name of Contact Person)
G.I.F.T.S. Inc.	
	(Firm/ Company)
1339 Wales Drive	
	(Address)
Fort Myers, FL 33901	
	(City/ State and Zip Code)
darby.campbell2@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Darby Campbell	239-634-9946 at
(Name of Contact	
Enclosed is a check for the following amount i	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing I Certificate of \$	Fee & S43.75 Filing Fee & S52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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.I.F.T.S. Inc.	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion: The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	$\sim N/A$
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 offi	
new registered agent and/or the new registered office : Name of New Registered Agent:	address:
<u>New Registered Office Address:</u>	(Florida street address) , Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	ignature 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	PT John Do V Mike Jo SV Sally So	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Jamie Kirshner	3834 Rogers Street Fort Myers, FL 33901
* Remove			
2) Change Add	<u>P</u>	Darby Campbell	Fort Myers, FL 33901
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
E. If amending or addin (attach additional shee		Page 2 of 4 icles, enter change(s) here: (Be specific)	
			

		
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	Page 3 of 4	
	·	
The date of each amendment(s) ador	ption:	if other than the
date this document was signed.		• • • • • • • • • • • • • • • • • • • •
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fitte date)	
Note: If the date inserted in this block document's effective date on the Department.	t does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

Dated	12/4/2019
Signatur	(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) Michael McQuagge
	(Typed or printed name of person signing)
	VP (Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.