BKC LOTZ Division of Corporations Electronic Filing Cover Sheet

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H20000360714 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BEGGS & LAME

Account Number : 120020000155

Phone : (850) 432-2451

Fax Number : (850)469-3331

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

dnckinnanemunia Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GULF BREEZE FINANCIAL SERVICES, INC.

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

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SEP 19 2020

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gulf Breeze Financial Services, Inc.	
DOCUMENT NUMBER:	•
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Denis McKinnon	
(Name of Contact Person)	
Gulf Breeze Financial Services, Inc.	•
(Firm/ Company)	
315 Fairpoint Drive	
(Address)	
Gulf Breeze, FL 32561	
(City/ State and Zip Code)	
dmckinnon@muniad.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Denis McKinnon (850) 934-4046	
(Name of Contact Person) (Area Code) (Daytime Telephone No	umber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
## \$35 Filing Fee	

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

(((H200003607143)))

Articles of Amendment 12721 15 -10:39 ťυ Articles of Incorporation υf (Name of Corporation as currently filed with the Florida Dept. of State) Gulf Breeze Financial Services, Inc. (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: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Carp," or "Inc." "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: Denis McKinnon Name of New Registered Agent: 315 Fairpoint Drive

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

New Registered Office Address:

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

Gulf Breeze

(City)

Signature of New Registered Agent, if changing

(Florida sireci address)

Florida 32561

(Vip Code)

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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: XChange X Remove X Add	PT John D V Mike SY Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add	Officer	Ed Gray, III	315 Fairpoint Drive Gulf Breeze, FL 32561
X Remove 2) X Change Add	Mayor	Cherry Fitch	-1070 Shoreline Drive Gulf Breeze, FL 32561
Remove 3) × Change Add Remove	Mayor P	Tom Naile	1070 Shoreline Drive Gulf Brecze, FL 32561
4) Change Add			
Remove 5) Change Add			
Remove б) Change Add			
Remove E. If amending or addin (attach additional shee	g additional Arti	cles, enter change(s) here:	
N/A		(ве ѕресінс)	
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Th dat	e date of each amendment(s) adopti e this document was signed.	on: October 5, 2020	·	 .		, if other than the
En	ective date <u>if applicable</u> : N/A					
•		(no more than 90 days				
doc	te: If the date inserted in this block de nument's effective date on the Departn	nes not much the application of State's records.	le statutory i	filing requirements,	this date will not be	e listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)				
	The amendment(s) was/were adopto was/were sufficient for approval.	d by the members and th	c number of	votes cast for the an	nendment(s)	
	(((H20000360714 3)))					

(Title of person signing)

(((H200003607143)))

Dated	October 14, 2020
Signature	(By the chairman of 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)
	Cherry Fitch
	(Typed or printed name of person signing)