## P02000120233

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF	CORPOR	ATION: Graphic Im	pressions, Inc	
DOCUMEN	NT NUMB	ER: PO200012023	33	
ļ' 		of Amendment and fee are su		
Please retun	n all corres	pondence concerning this ma	tter to the following:	
i į		Donald R Cecil		
į	•		Name of Contact Person	n
6 2		Graphic Impressi	ons, Inc.	
	•		Firm/ Company	
í		1113 Lake Harris	Drive	
;	•		Address	
!		Tavares, Florida :	32778	
;	•		City/ State and Zip Cod	e
į	cce	cil3d@aol.com		
* :		_	ed for future annual report	notification)
į.				
For further i	nformation	concerning this matter, pleas	e call:	
Donald	R. Ce	ecil	at (352	, 343-3435
	Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is	a check for	the following amount made p	payable to the Florida Depa	artment of State:
<b>☆</b> \$35 Fili	ng Fee	□\$43.75 Filing Fee & 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)
	Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

Graphic impressions, inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
PO2000120233	
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
(Principal office address MUST BE A STREET ADDRESS)	N/A FILED
P.	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
· · · · · · · · · · · · · · · · · · ·	
**************************************	
D. 16	duranti. Electido automático acomo efetico
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
Nume of New Negitiered Agem	
(Florida s	treet address)
(1 for tale 3)	ir eet aaar essy
New Registered Office Address: (City	, Florida
(City	v) (Zip Code)
at	
No Double Land Co. A seek to Double As	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
, , ,	7
Signature of New Registered	I Agant If shanging
Signature of New Registerea	AXEIII, II CHUNXIIIY

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 <math>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.

X Change	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVST	Carol A. Cecil	
Add X Remove			
2)Change	PVST	Donald R. Cecil	1113 Lake Harris Dr
X Add			Tavares, FI 32778
Remove			
Change			
Remove			
4)Change			
Add    Remove			
5)Change			
Add Remove			
6)Change			
Add	<del></del>		
Remove			

E. <u>If am</u>	ending or adding additional Arti	icles, enter change(s) here:
(Attac	h additional sheets, if necessary).	(Be specific)
N/A	ļ.	
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	ii.	
F. <u>If an</u>	amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
prov	visions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	i	
11//		
	P.	
	•	
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	1	

The date of each amendment	(s) adoption: 1/1/2013
Effective date <u>if applicable</u> :	1/1/2013
1	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	1/2013
Signature	y a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
<b>†</b>	President
1	(Title of person signing)