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I ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 695173

AUTHORIZATION

COST LIMIT

ORDER DATE : July 2, 2015

ORDER TIME : 3:54 PM

, ... kis

ORDER NO. : 695173-005

CUSTOMER NO: 8649A

DOMESTIC AMENDMENT FILING

NAME: THE GOLD BAR, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

Articles of Amendment to Articles of Incorporation of

| THE | GOLD | BAR, | INC. |
|-----|------|------|------|

| (Lightic of Col legi aguit ha coll col | tly filed with the Florida Dept, of Stat | <u>e</u>) | |
|---|--|-----------------------------------|----------------|
| P04000085562 | | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Plorida Statutes, this Articles of Incorporation: | s Florida Profit Corporation adopts the | following anser | ndment(|
| L If amending name, enter the new name of the corporation: | | | |
| | | The | new |
| name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or vord "chartered," "professional association," or the abbreviation | "Co". A professional corporation nan | or the abbrevi ne must contain | ation n the |
| 3. Enter new principal office address, if applicable: | 55 N. Orange Ave. | | |
| Trincipal office address <u>MUST BR A STREET ADDRESS</u>) | Orlando, FL 32801 | . 53 | <u> </u> |
| | | #28 #18 #27 | |
| | | = | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 8657 Aspen Ave. | -2 | |
| | Orlando, FL 32817 | 7 | 2 co |
| | | ي | |
| | | | ; |
|). If amending the registered agent and/or registered office ad- | | <u>.</u> | |
| new registered agent and/or the new registered office addre | <u>56:</u> | | |
| Name of New Registered Agent Karen S. Wali | · · | | |
| 8657 Aspen Ave. | | | |
| (Florida s | rirect address) | | |
| New Registered Office Address: | . Fiorida | 32817 | |
| New Including to Option 1887 | (City) | (Zip Code) | - |
| | | | |
| | | | |
| <u>lew Registered Agent's Signature, if changing Registered Agen</u> | <u>ıt:</u> | | |

Signature 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 = ChiefExecutive 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 Snith, SV as an Add.

| X Change | <u>PT</u> | John D | <u>१००</u> | |
|-------------------------------|------------|--------------|---------------|--------------------|
| X Remove | <u>v</u> . | Mike I | <u>ones</u> | |
| _X Add | <u>sv</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | · P | | Roger T. Wall | 3355 Calcutta Avc. |
| Add | | | | Orlando, FL 32817 |
| X Remove | | | ·- | |
| 2) Change | P | | Karen S. Wall | 8657 Aspen Ave. |
| X Add | • | | • | Orlando, PL 32817 |
| Remove | | | | |
| 3)Change | ST | | Karen S. Wall | 8657 Aspen Ave. |
| . X Add | | | • | Orlando, FL 32817 |
| Romove | | | | |
| 4)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| stach additional sheets, if necessary). (Be specific) | |
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| an amendment provides for an exchange, reclassification, or cancellat | lon of issued shares. |
| provisions for implementing the amendment if not contained in the ame | endineur Ifsch: |
| | |
| (if not applicable, indicate N/A) | |
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| (H un alimente turi) | |

| The date of each amendment(s) | adoption: | | | if other than the |
|---|---|---------------------------|-----------------------|------------------------------------|
| date this document was signed. | | | | • |
| Effective date if applicable: | · | · | | |
| | (no more | e than 90 days after ame | indment file date) | |
| Note: If the date inserted in this document's effective date on the l | | | ling requirements, th | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ON | E) | | |
| The amendment(s) was/were a by the shareholders was/were | | as. The number of vote | s cast for the amenda | nent(s) |
| ☐ The amendment(s) was/were a must be separately provided for | | | | |
| "The number of votes can | st for the amendment(s) v | was/were sufficient for a | pproval | |
| by | | | \$h | |
| | (voting group) | • | | |
| ☐ The amendment(s) was/were as action was not required. | dopted by the board of di | irectors without sharehol | lder action and share | holder |
| ☐ The amendment(s) was/were at action was not required. | dopted by the incorporate | ors without shareholder | action and sharehold | or , |
| Dated | 14 2,2015 | 0) (0 | 1 | |
| Sigurture | Man C |) Wall | <i>)</i> | <u>.</u> |
| safact | director, president or oth ted, by an incorporator — nted fiduciary by that fid | if in the hands of a rece | NA. | |
| , | Karen S. Wall | | | · |
| | (Typed or p | rinted name of person s | igning) | |
| | President | | | |
| | | (Title of person signing |) | |