P04000134547

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: SCOTIA & BAIL	EY, INC.			
DOCUMENT NUMB	BER:P04000134547				
The enclosed Articles	of Amendment and fee are su	abmitted for filing			
Please return all corres	pondence concerning this ma	tter to the followi	ng:		
	SARA L LANDIS				
-		Name of Cont	act Persor	1	
	THE PERFECT GIFT				
•	·	Firm/ Cor	npany		
	5202 SW 91ST TERRACE				
		Addre	ess		
	GAINESVILLE, FL 32608				
•		City/ State and	l Zip Code	2	
	saralandis@bellsouth.net				
	E-mail address: (to be us	sed for future annu	ual report	notification)	
For further information	concerning this matter, pleas	se call:	•		
SARA LANDIS		at (352	514-7804 OR 352-372-7800	
Name of Contact Person		at () 514-7804 OR 352-372-7800 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	rtment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	by	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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 to Articles of Incorporation of

(Name of					
	Corporation as curre	ntly filed with the Florida Dept. of Stat	te)		
P04000134547					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, th	is Florida Profit Corporation adopts the	following amendm	ient(s)	
A. If amending name, enter the new nam	e of the corporation:		; < °2		
THE PERFECT GIFT, SCOTIA & BAILE	Y, INC.		The _new		
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or	"Co". A professional corporation nar	or the abbreviation	n Π	
B. Enter new principal office address, if a	annlicable:	NOT APPLICABLE (N/A)	1773 · 1774	O	
(Principal office address <u>MUST BE A STR</u>		N/A	ن د د	; >	
		N/A)	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		N/A			
		N/A			
		N/A			
D. If amending the registered agent and/o new registered agent and/or the new r					
Name of New Registered Agent	Agent N/A				
	/A				
N					
<u>N</u>	(Florida s	street address)			
N. New Registered Office Address:	·	street address) , Florida			

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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change		N/A	
Add			N/A
Remove			
2) N/A Change		N/A	
Add			N/A
Remove			
3) N/A Change		N/A	
Add			N/A
Remove			
4) N/A Change		N/A	
Add			N/A
Remove			
5) N/A Change		N/A	
Add			N/A
Remove			
6) N/A Change		N/A	
Add			N/A
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	es, enter changes (Be specific)	s) nere:		
NOT APPLICBLE		· · · · · · · · · · · · · · · · · · ·		
				·
		····	<u>. </u>	
			·	
		·		
		<u> </u>		
				
F. If an amendment provides for an exchan	ge, reclassification	on, or cancellation	of issued shares,	
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not conta	ined in the ameno	lment itself:	
(5				
NOT APPLICABLE				
- THE BOTTON OF	 -			
				
		1 277		
N. Carlotte				

	JULY 13, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the an efficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	pted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and share	eholder
JUL Dated	4)3, 2016 (4)6 O Chuft	
(By a d selecte	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	SARA L. LANDIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	······································