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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

C. LEWIS

OCT 1 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA | TION: GINA G | AILING ART DIRECTION INC. | | | | |
|---|--|--|--|--|--|--|
| | R: <u>P05000100</u> | | | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | | | |
| Please return all correspo | endence concerning this mat | tter to the following: | | | | |
| | | TAIA GOUTAIC | | | | |
| | - | TNA GAILING Name of Contact Person | | | | |
| | GINA GAILING CREATIVE | | | | | |
| Firm/ Company | | | | | | |
| 2020 NW 36th Street. | | | | | | |
| | | 1 total CDS | | | | |
| _ | OAK | LAND PARK, FL 33309 | | | | |
| | City/ State and Zip Code | | | | | |
| | 990 | ailing e gmail. com | | | | |
| | E-mail address: (to be us | sed for future annual report notification) | | | | |
| For further information c | oncerning this matter, pleas | se call: | | | | |
| GINA | GAILING | at (754) 2/4-3522 Area Code & Daytime Telephone Number | | | | |
| Name of | Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the | he following amount made p | payable to the Florida Department of State: | | | | |
| S35 Filing 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) | | | | |
| | g Address | Street Address | | | | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | | | | |
| i anana | 15500, I'L 32314 | 2001 Executive Center Circle | | | | |

* AMENDMENT TO CHANGE CURRENT CORPORATION NAME OF:
- GINA GAILING ART DIRECTION, INC. TO
- GINA GAILING CREATIVE INC.
(Courrently have this as fictitous rame - # G10000119264)

Tallahassee, FL 32301

13 OCT -4 PM 1: 14 SECRETARY OF STATE TALLAHASSEE, FLORID,

Articles of Amendment Articles of Incorporation

| TINA GAILING ARI DILECTI | |
|--|--|
| (Name of Corporation as currently filed with the Flo | rida Dept. of State) |
| P050001003SS | |
| (Document Number of Corporation (if I | (nown) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation: | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | 2 |
| GINA GAILING CREATIVE | Inc. The new |
| AINA GAILING CREATIVE name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | GINA GAILING |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 2020 NW 36 St. |
| | OAKLAND PAKK, FL 33309 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered office address: Name of New Registered Agent | ss in Florida, enter the name of the |
| | |
| (Florida stree | t address) |
| New Registered Office Address: | , Florida |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| Signature of New Registered As | |
| Nigrature of New Registered Ac | ONT IT 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 | <u>PT</u> | John Do | <u>oe</u> | NO | CHAN | 4E3 | N/A |
|-------------------------------|-----------|----------------|-----------|----|-------------|-----------------|-----|
| X Remove | <u>v</u> | Mike Jo | ones | • | | | • |
| X Add | <u>sv</u> | Sally Sr | nith | | | | |
| Type of Action (Check One) | Title | | Name | | | <u>Addres</u> s | |
| 1) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 2) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | | | | · · · · · · | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | | | | | | |
| , Add | | _ _ | | | . — | | |
| Remove | | | | | | | |

| amendment provides for an exchange, reclassification, or cancellation of issuisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A) NO CHANGES N/A | ling or adding additional Article distributional sheets, if necessary). | (Be specific) | NO CHANGE |
|--|---|---------------------|-------------|
| amendment provides for an exchange, reclassification, or cancellation of issuisions for implementing the amendment if not contained in the amendment if not applicable, indicate N/A) | | N/A | |
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|---|---|---------------------------|--|
| The date of each amendment(s) adoption: | | 7 2 - | FILED, if other than the |
| date this document was signed. | | <i>13 0</i> €7 | , ir odier man die |
| - | DIA TE (no more than 90 days after amendm | SECRET, TALLAND | ARY OF 6 |
| | (no more than 90 days after amendm | ent file date) | if other than the ARY OF STATE SSEE, FLORIDA |
| Adoption of Amendment(s) (CH | IECK ONE) | | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | shareholders. The number of votes cas approval. | it for the amendment(s) | |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | |
| "The number of votes cast for the amer | ndment(s) was/were sufficient for appro | oval | |
| by(vot | | | |
| (vol | ting group) | | |
| ☐ The amendment(s) was/were adopted by the action was not required. | board of directors without shareholder | action and shareholder | |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorporators without shareholder action | on and shareholder | |
| Dated | | | |
| Signature(By a director, pres | sident or other officer - if directors or o | fficers have not been | |
| selected, by an inco appointed fiduciary | orporator – if in the hands of a receiver, | , trustee, or other court | |
| G_{II} | NA GAILING (Typed or printed name of perso | on signing) | |
| | DDVS · | | |

(Title of person signing)