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COVER LETTER

TO: Amendment Section

Division of Corporations Grand Incentives, Inc NAME OF CORPORATION: P06000017793 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ryan Patton
Name of Contact Person Purvis, Gray & Company
Firm/Company 5001 Lakewood Ranch Blvd Suite 101 Lakewood Ranch, FL. 34240 City/ State and Zip Code rpatton@purvisgray.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Patton Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

据 OCT 21 PH 12: 46

Grand Incentives, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

TALLAHASELE, FLORID,

P06000017793

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ne must be distinguishable and contain th orp.," "Inc.," or Co.," or the designation "d "chartered." "professional association,"	"Corp." "Inc," or "Co"	. A professio	or "incorpoi nal corpora	rated" or the tion name mus
Enter new principal office address, if appl	licable:			
incipal office address <u>MUST BE A STREE</u>	<u>FADDRESS</u>) -		<u>-</u>	
	-			
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>(E BOX</u>)			
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If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address tered office address:	in Florida, en	ter the nam	e of the
If amending the registered agent and/or renew registered agent and/or the new registered Agent Name of New Registered Agent	tered office address:			e of the
new registered agent and/or the new regis	stered office address:			e of the
new registered agent and/or the new regis Name of New Registered Agent	stered office address: (Florida street d	ddress)		
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new registered agent and/or the new regis Name of New Registered Agent	stered office address: (Florida street d	ddress)		
new registered agent and/or the new regis Name of New Registered Agent	tered office address: (Florida street a	ddress)		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_V	Grace Martinez	
Add			
Remove			
2) Change	S	Kathleen Hansen	6025 Pine Valley D
X_ Add			<u>Orlando, FL. 3281</u> 9
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
The state of the s	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(g nor appreciate, miletic (971)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/20/2014	
Signature Signature	
(By a director, president or other officer - if directors or princers have not been	_
selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jose Martinez	
(Typed or printed name of person signing)	
President	_
(Title of person signing)	