## P07000119696

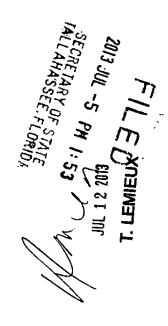
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: <u>GLOBELL 1</u> INC
DOCUMENT NUMBER: P07000 119696
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY HEIMANN
GLOBELLI . INC
1206 W WELLINGTON DRIVE
DELTONA FLORIDA 32725
City/ State and Zip Code
GARYHO GLOBELLONE COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARY HEIMANN at 386, 2/6 - 432 4  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 Filing Fee

**Mailing Address** 

TO: Amendment Section

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

	incorporation
GhOBELLI,	of Tax
(Name of Corporation as currently filed with the	Florida Dept. of State)
D07000119696	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	1206 W WELLINGTON DE DELTONA, FLORINA 32125
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1206 W WEllington DR DELTONA, PLORIDA 32125
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
;	street address)
New Registered Office Address:	, Florida
(Cit	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 = 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.

Mike Jones, v as Remov	ve, ana sa	ny Smuri, Sv. as an Ada.	
Example: X Change	<u>PT</u>	John Doe	
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) Change	$\mathcal{D}$	GARY HEIM	DELTONA, FL 32725
Remove			
2) Change	<u></u>		
Add			
Remove			<u></u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			,
6) Change			
Add			
Remove			

Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
If an aı	nendment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ions for implementing the amendment if not contained in the amendment itself:  not applicable, indicate N/A)
~~	··
	1 /
	1 21
	V

The date of each amendment(s) 50	7/1/2013
	7/1/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adaption of Amendment(s)	(CHECK ONE)
•	· • • • • • • • • • • • • • • • • • • •
The amendment(s) was were add by the shareholders was were su	opted by the shareholders. The number of votes east for the amendment(s) therent for approval.
☐ The amendment(s) was were upp must be separately provided for	proved by the shareholders through voting groups. The tollowing statement each voting group entitled to vote separately on the amendment(s)
	for the amendment(s) was/were sufficient for approval
1 by	(voting group)
Setion was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	1/1/2013
Signature	
cBy a d selecte	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted tiduciary by that fiduciary)
	JOHN NISSI EIPE
	(Typed or printed name of person signing)
	DILECTOR
	(Title of person signing)