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(((H10000201115 3)))



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Division of Corporations

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Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GALD BUILDING, INC.

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EMPIRE CORP KIT

302233828

9/10/2010 p1:11 0102/E1/60



September 10, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GALD BUILDING, INC. 19321 SW 272 ST HOMESTEAD, FL 33030

SUBJECT: GALD BUILDING, INC.

REF: P08000026848

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H10000201115 Letter Number: 910A00021634

2010 SEP 13 AM 8: 00 SECRETARY OF STATE

P.O BOX 6327 - Tailahassee, Florida 32314

EMPIRE CORP KIT

\$1:IT 010Z/ET/50

3696889908

COVER LETTER

Hipopogonia

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GALD BUILDING, INC.		
DOCUMENT NUMBER:	P08000026848		
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
· · · · · · · · · · · · · · · · · · ·	LISA DISTEFANO		
	Name of Contact Person		
	GALD BUILDING, INC.		
	Firm/ Company		
	19321 SW 272 ST		
*************************************	Address		
	HOMESTEAD, FL 33030		
	City/ State and Zip Code		
E-mail address: (10 b	e used for future annual report notification)		
For further information concerning this ma	itter, please call:		
LISA DISTEFANO	at (305) 283-0716 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:		
S35 Filing Fee Sature of Status	☐ \$43.75 filing Fee & ☐ \$52.50 Filing Fee Conffied Copy Centificate of Sumus (Additional copy is enclosed) Centified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Bullding		
Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	\$1110cc Cook		

Articles of Amendment to Articles of Incorporation of

	UILDING INC.	and the state of t
(Name of Corporation as curre	ntly filed with the Florida Dept.	of State)
P080	000026848	
(Document Numb	ber of Corporation (If known)	4
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida P	rafit Carporution adopts the R
A. if amonding name, enter the new name of	the carparation:	
		The ne
nand must be distinguishable and contain the abbreviation "Carp.," "Inc.," or Co.," or the change must contain the word "chartered," "professional contains	designation "Corp," "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address. If applicable:		
(Muiling uddress MAY BE A POST OFFIC	E BOX)	· · · · · · · · · · · · · · · · · · ·
•		
D. If umending the registered agent und/or re new registered ugent and/or the new regist Name of New Registered Agent:		n, enter the name of the
		n, enter the name of the
new registered agent and/or the new regist Name of New Registered Agent;	tered <u>office uddress:</u>	e, enter the name of the

Page 1 of 3

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) Address Type of Action Title Name DbA 🖺 ☐ Remove ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (struch additional sheets, If necessary). (Be specific)
Please correct the name LISA DISTEFANO to show as ELIZABETH DISTEFANO. F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not opplicable, indicate N/A)

Page 2 of 3

3026339696

The date of each amendment	(s) adoption: 9/10/10	HOSSOACHO
•	(duts of adaption is require	d)
Effective date if applicable:	(no more than 90 days after amendment file d	are)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of ere sufficient for approval,	votes cast for the amendment(s)
	re approved by the shareholders through voting d for each voting group entitled to vote separat	
"The number of votes	cast for the amendment(s) was/were sufficient i	for approve?
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without sha	areholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the Incorporators without shareho	older action and shareholder
Deled_Sept	ember 10, 2010	
Signature 9	a director, president or officer - if director	
	a director, president or older officer – if director cted, by an incorporator – if in the hands of a re	
	ointed fiduciary by that fiduciary)	convert (thister, or other count
	Giacomo DiStefano	
	(Typed or printed name of person	signing)
	PRESIDENT /	DIRECTOR.
	(Title of person signing)	

Page 3 of 3

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