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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GOLDEN ORIEN	T INC			
	BER:				
	of Amendment and fee are su				
Please return all corres	spondence concerning this ma	tter to the following:			
	KEITH GOLDEN				
	Name of Contact Person				
NELLIES LIMPIA FWB					
		Firm/ Company			
	202 FERRY RD SE				
		Address			
	FORT WALTON BEACH F	L 32548			
	· 1 - 2	City/ State and Zip Code	e		
VEIT	HG817@GMAIL.COM				
——————————————————————————————————————	9	sed for future annual report	notification)		
	E man address, (to be as	ed for future assistant report	The transfer of the transfer o		
For further information	n concerning this matter, pleas	se call:			
KEITH GOLDEN		at (2179151		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

GOLDEN ORIENT INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P08000032649	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>::SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
Name of New Negmerea Agent	
	(Florida street address)
New Registered Office Address:	(City), Florida, Florida
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I as	m familiar with and accept the obligations of the position.
	re 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, a 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 = Clear Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chan 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	
			<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Agues</u> s
1) Change	P	JOANILLA GOLDEN	719 MAJESTIC PRINCE CT
X Add			CRESTVIEW FL 32539
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			0.110000
Remove			
6) Change			
Add			
Remove			

	additional sheets, if necessary). (Be specific)
N/A	
•	· · · · · · · · · · · · · · · · · · ·
-	
	· · · · · · · · · · · · · · · · · · ·
. <u>If an a</u> provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
()	f not applicable, indicate N/A)
N/A	

•	5 SEP 2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
5 SEP 201 Dated	9	
Dated		
Signature	16 1 / 1/1//_	
	lirector, president or other officer - if directors or officers have not been	
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроіі	nted fiduciary by that fiduciary)	
	KEITH GOLDEN	
	(Typed or printed name of person signing)	
	SECRETARY TREASURE	
	(Title of person signing)	