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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR		LISHING COMP	PANY	
DOCUMENT NUME	BER: P0800006020	)2		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Craig McNair			
		Name of Contact Person	n	
	McNair & Associa	ates, P.A.		
		Firm/ Company		
1250 S. US HWY 17-92, #250				
		Address		
	Longwood, Florid	la 32750		
		City/ State and Zip Cod	e	
adr	nin@mcnairassoc	e com		
		sed for future annual report	notification)	
			·	
For further information	n concerning this matter, pleas	se call:		
Craig McNair		at (407	, 830-5717	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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	ling Address Indiment Section Sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED

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## GIST PUBLISHING COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State) P08000060202

ment(s) to

(Documen	nt Number of Corporation (	if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	'Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1250 S. US HWY	17-92, #250
		Longwood, Flo	rida 32750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1250 S. US HWY 17-92, #250	
		Longwood, Flor	rida 32750
D. If amending the registered agent an			me of the
new registered agent and/or the new registered office address:  CRAIG MCNAIR			
Name of New Registered Agent			_
		VY 17-92, #250	_
	· .	reet address)	00750
New Registered Office Address:	Longwood	, Florida	32750
	(City)	)	(Zip Code)
New Registered Agent's Signature, if c 1 hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	t: with and accept the obligatio	ns of the position.
	anature 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.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	BAILEY, CHARLES EDR	213 RIDGE ROAD
Add			LAKE MARY, FL 32746
Remove			
2) Change	РТ	Craig McNair	1250 S. US HWY 17-92
Add			SUITE #250
Remove			Longwood, Florida 32750
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kellove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	November 1, 2014	<del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Nov	vember 3, 2014	
Signature _	l	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Craig McNair	
	(Typed or printed name of person signing)	<del></del>
	Trustee/Personal Representative	<u>.</u>
	(Title of person signing)	