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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
TALLANIASSEE, FLORIDA

King

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: G.N.FAWKES, I	NC.	
DOCUMENT NUMB	P10000025556		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	CHECKLIN, TAMARA		
_		Name of Contact Person	
(G.N.FAWKĖS, INC.		
-		Firm/ Company	
2	2729 E. Moody Blvd, #302		
-		Address	
1	Bunnell, FL 32110		
-		City/ State and Zip Code	
vnch(a	efl.rr.com		
· · · · · · · · · · · · · · · · · · ·		sed for future annual report	notification)
	12 man address. (10 00 a.		nothrough,
For further information	concerning this matter, pleas	se call:	
CHECKLIN, VLADIN	11R	at (<u>386</u>	569-1997
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐S43.75 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 Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G.N.FAWKES, INC.

(Name of Corporation as curren	itly filed with the Florida	Dept. of State)	
P10000025556			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporati	on adopts the following amen	idment(s) to
A. If amending name, enter the new name of the corporation:			
	N/A	The	new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional con	corporated" or the abbrevia	ıtion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	28 St. Andrews Court	, Palm Coast, FL 32137	
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 St. Andrews Court	, Palm Coast, FL 32137	_
		SEC FALL	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		name of the	7
Name of New Registered Agent	N/A	mo B	
			?
(Florida s	treet address)	Sam to	.
New Registered Office Address:	N/A	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian		ttions of the position.	
Signature of New	Registered Agent, if change	ine	

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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	ncs	
X Add	<u>sv</u>	Sally Sm	<u>gith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			100	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
_ Remove				

•	
	N/A
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
)% OF THE SHARES ARE TRANSFE	ERRED FROM CHECKLIN, TAMARA TO CHECKLIN FAMILY TRUST

	. 09/05/2016	
	doption:	, if other than the
date this document was signed.		
09/0	5/2016	
Effective date <u>if applicable</u> :	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do		story filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of fficient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voting each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficient	nt for approval
by	(voting group)	."
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without sharel	nolder action and shareholder
09/05/20	16	
Dated		
	A 157 -	
Signature		
	irector, president or other officer - if dir	
	d, by an incorporator – if in the hands of	a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)	
	TAMARA CHECKLIN	
	(Typed or printed name of p	erson signing)
	PRESIDENT	
	(Title of person	signing)