

| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | GATE PARKWAY | MOVERS, INC. | | |
|--|---|---|--|--|
| DOCUMENT NUM | P10000042348 BER: | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | |
| | ALMA KESEDZIC | | | |
| | | Name of Contact Person | 1 | |
| | GATE PARKWAY MOVERS | S, INC. | | |
| | 8540 HOMEPLACE DR # 5 | Firm/ Company | | |
| | 6540 HOWEI LACE DR # 5 | 102 | | |
| | | Address | | |
| | JACKSONVILLE, FL 32256 | j | • | |
| | | City/ State and Zip Code | e | |
| GAT | EPARKWAYMOVERS@GM | AIL.COM | | |
| <u></u> | E-mail address: (to be us | sed for future annual report | notification) | |
| For further informatio | on concerning this matter, pleas | se call: | | |
| ALMA KESEDZIC | | 904 at (| 997 6700 | |
| Name of Contact Person | | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for | or 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) | |
| | iling Address | . Street | Address | |
| | endment Section | | ment Section | |
| | ision of Corporations | Division of Corporations | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



| GATE PARKWAY MOVERS, INC | GATE | PAR | KWAY | ' MOV | ERS. | INC. |
|--------------------------|------|-----|------|-------|------|------|
|--------------------------|------|-----|------|-------|------|------|

| | | 16 NOV 18 PM I2: 03 |
|--|------------------------------|--|
| (Name o | of Corporation as curren | tly filed with the Florida Dept, of State) |
| P10000042348 | | TALL AND STORES AND A |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607. Es Articles of Incorporation: | 1006, Florida Statutes, this | s Florida Profit Corporation adopts the following amendment(s) |
| . If amending name, enter the new na | me of the corporation; | |
| | | The new |
| | ation "Corp," "Inc," or | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| Enter new principal office address. | if annlicable: | ALMA KESEDZIC (PRESIDENT) |
| Principal office address <u>MUST BE A S</u> | | 8540 HOMEPLACE DR # 5102 |
| | | JACKSONVILLE, FL 32256 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 8540 HOMEPLACE DR # 5102 |
| | | JACKSONVILLE, FL 32256 |
| | | |
| . If amending the registered agent an new registered agent and/or the nev | | dress in Florida, enter the name of the |
| | ALMA KESEDZIC | <u>sz.</u> |
| Name of New Registered Agent | 8540 HOMEPLACE DR | # 5102 |
| | (Florida s | treet address) |
| | | 22256 |
| New Registered Office Address: | JACKSONVILLE | 32256 Florida |

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 | PT | John Doe | |
|----------------------------|--------------|-----------------|--------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | P | DZEVAD KESEDZIC | 8540 HOMEPLACE DR # 5102 |
| Add | | | JACKSONVILLE, FL 32256 |
| X Remove | | | |
| 2) Change | P | ALMA KESEDZIC | 8540 HOMEPLACE DR # 5102 |
| X Add | | | JACKSONVILLE, FL 32256 |
| Remove | n | | |
| 3) Change | VP | DZEVAD KESEDZIC | 8540 HOMEPLACE DR # 5102 |
| X Add | | | JACKSONVILLE, FL 32256 |
| Remove | | | |
| 4) Change | | | |
| Add | | | - |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | (Be specific) |
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| <u>provisions for implementing the ame</u> | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself; |
| an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself; |
| <u>provisions for implementing the ame</u> | hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| <u>provisions for implementing the ame</u> | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| | date of each amendment(s) adoption:this document was signed. | , if other than th |
|---------|--|--------------------|
| . Effec | ctive date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| | : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records. | ot be listed as t |
| Adoj | otion of Amendment(s) (CHECK ONE) | |
| | he amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) y the shareholders was/were sufficient for approval. | |
| | the amendment(s) was/were approved by the shareholders through voting groups. The following statement sust be separately provided for 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) | |
| | (voting group) | |
| | he amendment(s) was/were adopted by the board of directors without shareholder action and shareholder tion was not required. | |
| | he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder ation was not required. | |
| | Dated | |
| | Signature (By a director, president or other officer affaircoors or officers have not been | - |
| | selected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| | appointed fiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | <u> </u> |