

P11000082410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

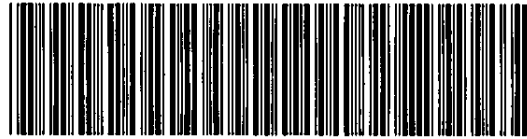
P11-82410

(Document Number)

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APPROVED
AND
FILED

13 NOV 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 31 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

FRANK J. GORMAN
293 LAZY MEADOW DR W
JACKSONVILLE, FL 32225-4222

SUBJECT: GORMAN WEALTH MANAGEMENT, INC.
Ref. Number: P11000082410

We have received your document for GORMAN WEALTH MANAGEMENT, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida corporation cannot change to a Florida limited liability company by filing articles of amendment pursuant to section 607.1006, Florida Statutes. Enclosed is information regarding converting to a limited liability company should this be the intention of this filing. Please note applicable fees.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 613A00025424

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gorman Wealth Management, Inc
DOCUMENT NUMBER: P11000082410

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank T. Gorman

Name of Contact Person

Gorman Wealth Management, Inc

Firm/ Company

293 Lazy Meadow Dr. W.

Address

Jacksonville, FL 32225

City/ State and Zip Code

fgorman@wradvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank T. Gorman

Name of Contact Person

at (904)

504-5689

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NOV. 14. 2013 12:43PM

WADDELL AND REED

NO 177
APPROVED P. 3
AND
FILED

Articles of Amendment
to
Articles of Incorporation
of

13 NOV 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gorman Wealth Managment, Inc

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

P11000082410

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Citadel, Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

NOV. 14. 2013 12:44PM

WADDELL AND REED

NO. 177
APPROVED
AND
FILED

P. 6

The date of each amendment(s) adoption: _____
date this document was signed.

13 NOV 12 PM 4:31 if other than the

Effective date if applicable: _____

(no more than 90 days after amendment file date)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated November 14, 2013

Signature

Frank T. Gorman

(By a director, president or other officer - if directors 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)

Frank T. Gorman

(Typed or printed name of person signing)

President

(Title of person signing)