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13 DEC 19 AN 9: 43

SECRETARY OF STATE
AND ANASSES FROMINA

JAN 02 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO			ANCIAL, INC.		
DOCUMENT NUM	BER: P120000960)13			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	MICHAEL THO				
	Name of Contact Person GORDON HILYER FINANCIAL, INC.				
	2991 BATEMA	Firm/ Company N ROAD			
ALVA, FL. 33920					
		City/ State and Zip Code	;		
<u>M</u>	THOMPSON@F				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	e call:			
MICHAEL	THOMPSON	at (239	340-1685		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Ar Di P.0	alling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment

Articles of Incorporation

411.00

GORDON HILYER FINANCIAL, INC.

13 DEC 19 M 9:43

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

SECRETARY OF STATE TABLAHASSEE, FLORIDA

P12000096013

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2991 BATEMAN ROAD	
	ALVA, FL. 33920	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		
Name of New Registered Agent Agent Agent	treei aadress)	
New Registered Office Address: (City	y) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position. I 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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Florida Note Xchange, Inc.	2991 Bateman Road
Add			Alva, FL. 33920
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		······································	
Remove			
L Kemove			

mending or adding additional Arti ach additional sheets, if necessary).	
	A
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ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	. ^
	A I A
	

The date of each amendment(s) adoption: NOVEME	BER 1ST, 2013	, if other than the
date this document was signed.		
Effective date if applicable: NOVEMBER 1ST, 2	2013	
(no moi	re than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ON	NE)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholmust be separately provided for each voting group en		
"The number of votes cast for the amendment(s)		
by(voting group		
(voting group	p)	
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorpora action was not required.	ntors without shareholder action and shareholder	
Dated DECEMBER 17TH, 2013	3	
Signature MATA		
(By a director, president or o	other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court fiduciary)	
MICHAEL THO	MPSON	
(T)	yped or printed name of person signing)	
VP		
•	(Title of person signing)	