## P1300001010

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MAY 31 2017

R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Childs Park Equity Gray Inc
DOCUMENT NUMBER: 9 \ 3000046102
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Childs Park Equity Grap Inc  Firm/ Company  4028 10# Ang S.  Address  Address  Stateshing Tymes  City/ State and 2p Code  Info @gmgalney . com  E-mail address: (to be used far future annual report notification)
For further information concerning this matter, please call:
James Hotcher 11 727, 422-9636
Name of Contact Person Area Code & Daytime Telephone Number
Englosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment**

to

Articles of Incorporation of

17 MAY 25 PM 0:59

Childs Park Egyty	Group Inc	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	_ ·
P13000046102		
(Document Number of Corporation (if k	T	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this callincorporation:	orporation adopts the following amendment(	s) to its Articles of
A. If amending name, enter the new name of the corporation:		
- NA -		. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	- - -
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent Lunes t	tatcher # Ane S	
New Registered Office Address: (Florida stre	Florida 71 3 3 (Zip Code)	(ارّ
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with		
Signature of New Registered Ag	ent, 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>	John Do	<u>oe</u>				
X Remove	$\underline{\mathbf{v}}$	Mike Jo	one <u>s</u>				
X Add	<u>sv</u>	Sally Si	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change	7		James Hatcher	Īr,	4628	16th Are Ersting I	2
Add					. J. Ret	ersby M	3371
Remove							
2) Change	\$		James Hatcher	<del>_</del>	4628	16# Arc	S
_X Add					St Net	Probung 21	33,71
Remove							
3 ) Change		<u> </u>					
Add						<del> </del>	
Remove					<del> </del>		
4) Change		<del>.</del>				· · · · · · · · · · · · · · · · · · ·	
Add							
Remove							
5) Change		_					
Add						- km	
Remove					~		
6) Change		_					
Add				•	<del> </del>	<del>.</del>	
Remove							

The nurnose for which the benefit cornorati	ion is organized is to create a general public benefit and:
The purpose for which the ochemic corporati	ion is organized is to create a general paone oblient and.
<del></del>	
The general and/or specific public benefit(s follows (optional):	s) to be created by the corporation (in addition to its general purpose) is/as
701 - 1 11/1 - 1 - 11/0	
The additional qualifications of Benefit Dir	rector(s), if any, are as follows:
the additional qualifications of Benefit Dir	ector(s), if any, are as follows:
The additional qualifications of Benefit Dir	ector(s), if any, are as follows:
The additional qualifications of Benefit Dir	ector(s), if any, are as follows:
	ector(s), if any, are as follows:
The name(s) and address(es) of the Benefit	Director(s) and/or Benefit Officer(s), if any:
	Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Benefit	Director(s) and/or Benefit Officer(s), if any:  Name and Title:
The name(s) and address(es) of the Benefit Name and Title:	Director(s) and/or Benefit Officer(s), if any:  Name and Title:
The name(s) and address(es) of the Benefit Name and Title:  Address:	Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:
The name(s) and address(es) of the Benefit Name and Title:  Address:	Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  Include attachment if necessary)
The name(s) and address(es) of the Benefit Name and Title:  Address:  (I	Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  Include attachment if necessary)  Juired minimum status vote, terminates its status as a Florida Profit Benefit
The name(s) and address(es) of the Benefit Name and Title:  Address:  (I	Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:

:	
18:	
The public benefit for which the corporati	ion is organized is:
The enecific public benefit(s) to be create	d by the corporation (in addition to the above) is/are as follows (optional):
The specific public belieff(s) to be create	d by the corporation (in addition to the above) is/are as toriows (opinonar),
The additional qualifications of Benefit D	pirector(s), if any, are as follows:
The second of discretion of the Done	it Director(s) and/or Benefit Officer(s), if any:
Name and Title:	
A 13	4.11
Address:	Address:
	(Include attachment if necessary)
The corporation in accordance with the re	equired minimum status vote, terminates its status as a Florida Profit Social
	5, F.S. The revised purpose for which the corporation is organized is as follows:
Corporation in accordance with s. 607.503	
Corporation in accordance with s. 607.505	

3.	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
-	<del> </del>
_	
	<del>.</del>
_	
	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(i) not applicable, indicate (mi)
	<u>MY</u>
_	<del></del>
_	

	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	<del></del>
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)	
(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 X 5/24/17	
Signature	<del></del>
(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)	
Imes Hatcher	
(Typed or printed name of person signing)	