P14000044820

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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FILED SEURETARY OF SIATE DIVISION OF CORPORATIONS





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2014

WALLY GILMOUR / GILMOUR, INC. 917 RED FOX RD ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: GILMOUR, INC. Ref. Number: P14000044820

We have received your document for GILMOUR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 814A00014667

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Amendment Section Division of Corporation | | | | | |
|---|---|--|--|--|--|
| NAME OF CORPORATION: Gilmour, Inc. | | | | | |
| DOCUMENT NUMBER: P14000044820 | | | | | |
| | of Amendment and fee are sul | | | | |
| Please return all corres | spondence concerning this mat | ter to the following: | | | |
| | Wa | ally Gilmour | | | |
| | | Name of Contact Persor | 1 | | |
| | Gi | lmour, Inc. | | | |
| | Firm/ Company | | | | |
| | 917 Red Fox Rd. | | | | |
| | | Address | | | |
| | Altamonte Springs, FL 32714 | | | | |
| | • | City/ State and Zip Code | • | | |
| | wallyfgi | ilmour@gmail | .com | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information concerning this matter, please call: | | | | | |
| Wally Gilr | nour | at (321 | 438-8094 | | |
| Name | of Contact Person | Area Co | 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) | | |
| Mailing Address | | | Address | | |
| | endment Section ision of Corporations | Amendment Section Division of Corporations | | | |
| | . Box 6327 | Clifton Building | | | |
| | ahassee, FL 32314 | 2661 E | executive Center Circle | | |
| | | Tallaha | assee, FL 32301 | | |

Articles of Amendment to **Articles of Incorporation**

SECRETARY OF STATE DIVISION OF CORPORATIONS

Gilmour, Inc.

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

15 JAN -9 AM 10: 27

| P1400004 | | · | |
|--|---------------------------------|---------------------------------------|--|
| (Document) | nt Number of Corporation (if | known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this F | <i>Florida Profit Corporation</i> add | opts the following amendment(|
| A. If amending name, enter the new na | ame of the corporation: | • | |
| GILMOUR, PA | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | Co". A professional corporat P.A." | ated" or the abbreviation ion name must contain the |
| B. Enter new principal office address, | if applicable: | N/A | |
| (Principal office address MUST BE A S | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl | | N/A | |
| (Mailing address <u>MAY BE A POST</u> | OFFICE BOX) | | |
| | | | |
| | | | |
| D. If amending the registered agent ar | nd/or registered office addrs | oss in Florida, enter the name | e of the |
| new registered agent and/or the new | | | <u>o or ene</u> |
| Name of New Registered Agent | N/A | | |
| Name of Hew Negative a Agent | | | |
| | (Florida stre | et address) | |
| New Registered Office Address: | N/A | Florida | |
| New Registered Office Address: | (City) | , Florida_ | (Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | ith and accept the obligations | of the position. |
| any average me approximation we regin | The second of the second of | | |
| | anature of New Registered A | gent, 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 Doe | | · |
|-------------------------------|--------------|---|-------------|-----------------|
| <u>X</u> Remove | <u>V</u> | Mike Jones | | |
| _X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | ſ | <u>Addres</u> s |
| 1) Change | | | | |
| Add | |) . | | |
| Remove | | 1 | | - |
| 2) Change | | - A | | ··· <u> </u> |
| Add | | | | |
| Remove | | V V | 1 | |
| 3) Change | | | | |
| Add | | | 1 | |
| Remove | | | | |
| 4) Change | | <u>, , , , , , , , , , , , , , , , , , , </u> | | · |
| Add | | | | · . |
| Remove | | | | · |
| 5) Change | | | | |
| Add | | · | | |
| Remove | | | | - |
| 6) Change | | | | |
| Add | | | | |
| Remove | | • | | |

| (Atta /A | ach additional sheets, if necessary). (Be specific) |
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| <u></u> | Real Estate Sales |
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| f ar | n amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| pro | ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| 4 | (y not appreciate, marcare 1471) |
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| The date of each amendment(s) adoption: 6/11/14 | SECRETARY OF STAFF, if other than | | |
|--|--|--|--|
| date this document was signed. | DIVISION OF CORPORATIONS | | |
| Effective date if applicable: 6/11/14 | 15 JAN -9 AM 10: 27 | | |
| | days after amendment file date) | | |
| Adoption of Amendment(s) (CHECK ONE) | | | |
| The amendment(s) was/were adopted by the shareholders. The reby the shareholders was/were sufficient for approval. | number of votes cast for the amendment(s) | | |
| The amendment(s) was/were approved by the shareholders throumust be separately provided for each voting group entitled to voting | | | |
| "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 was not required. | vithout shareholder action and shareholder | | |
| The amendment(s) was/were adopted by the incorporators witho action was not required. | out shareholder action and shareholder | | |
| Dated JUNE - 14/2 | 2c/4 | | |
| Signature Ully L | mae | | |
| | r - if directors or officers have not been | | |
| appointed fiduciary by that fiduciary) | hands of a receiver, trustee, or other court | | |
| Wally Gilmour | | | |
| (Typed or pri | inted name of person signing) | | |
| President | | | |
| (Title | e of person signing) | | |