

P15000020990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300299041553

05/16/17--01019--015 \*\*35.00

2017 MAY 16 P. 4: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAY 22 2017  
T. LEMIEUX



Squire Patton Boggs (US) LLP  
200 South Biscayne Boulevard, Suite 4100  
Miami, Florida 33131

O +1 305 577 7000  
F +1 305 577 7001  
squirepattonboggs.com

Thomas V. Eagan  
T +1 305 577 2814  
thomas.eagan@squirepb.com

May 15, 2017

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: G 3120 Collins Holdings, Inc., a Florida not-for-profit corporation, document  
number P15000020990

Dear Ladies or Gentlemen:

Enclosed please find the original Articles of Amendment to Articles of  
Incorporation of G 3120 Collins Holdings, Inc., a Florida for profit corporation. In  
addition, I have enclosed my firms' check in the amount of \$35.00, in connection with  
filing fee.

Kindly call if you have any questions regarding the foregoing.

Sincerely,

A handwritten signature in black ink, appearing to read "T. V. Eagan", written over a horizontal line. The signature is stylized with a large, sweeping initial "T" and a long, horizontal stroke extending to the right.

Thomas V. Eagan

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** G 3120 Collins Holdings, Inc.

**DOCUMENT NUMBER:** P15000020990

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

Please return all correspondence concerning this matter to the following:

Thomas V. Eagan  
Name of Contact Person  
Squire Patton Boggs (US) LLP  
Firm/ Company  
200 South Biscayne Boulevard, Suite 4700  
Address  
Miami, FL 33131  
City/ State and Zip Code

thomas.eagan@squirepb.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas V. Eagan at ( 305 ) 577-2814  
Name of Contact Person Area Code & Daytime Telephone Number

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

G 3120 Collins Holdings, Inc.

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

P15000020990

(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:**

*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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

FILED  
2017 MAY 16 P 4:30  
SECRETARY OF STATE  
TALLAHASSEE, 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:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title           | Name                    | Address                             |
|--------------------------------------------|-----------------|-------------------------|-------------------------------------|
| 1) <input type="checkbox"/> Change         | <u>VPST</u>     | <u>Paul Harries</u>     | <u>200 South Biscayne Boulevard</u> |
| <input type="checkbox"/> Add               |                 |                         | <u>Suite 4700</u>                   |
| <input checked="" type="checkbox"/> Remove |                 |                         | <u>Miami, FL 33131</u>              |
| 2) <input type="checkbox"/> Change         | <u>PD</u>       | <u>Fredrik Korallus</u> | <u>200 South Biscayne Boulevard</u> |
| <input type="checkbox"/> Add               |                 |                         | <u>Suite 4700</u>                   |
| <input checked="" type="checkbox"/> Remove |                 |                         | <u>Miami, FL 33131</u>              |
| 3) <input type="checkbox"/> Change         | <u>P/D</u>      | <u>Paul Slimming</u>    | <u>200 South Biscayne Boulevard</u> |
| <input checked="" type="checkbox"/> Add    |                 |                         | <u>Suite 4700</u>                   |
| <input type="checkbox"/> Remove            |                 |                         | <u>Miami, FL 33131</u>              |
| 4) <input type="checkbox"/> Change         | <u>VP/S/T/D</u> | <u>Matthew Leitch</u>   | <u>200 South Biscayne Boulevard</u> |
| <input checked="" type="checkbox"/> Add    |                 |                         | <u>Suite 4700</u>                   |
| <input type="checkbox"/> Remove            |                 |                         | <u>Miami, FL 33131</u>              |
| 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            |                 |                         |                                     |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 May 12, 2017  
Signature Thomas V. Eagan  
(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)

Thomas V. Eagan

(Typed or printed name of person signing)

Incorporator and authorized person  
(Title of person signing)