(Re	questor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	e #)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Eastern Municipal	Pensions & Benefits, Inc	
DOCUMENT NUME	D150000/1000		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Frank Arnall		
		Name of Contact Person	1
	Eastern Municipal Pensions &	& Benefits, Inc.	
		Firm/ Company	
	5743 Rocking Horse Road		
		Address	
	Orlando, FL 32817		
		City/ State and Zip Code	e
		·	
For further information	E-mail address: (to be use	sed for future annual report	notification)
Frank Arnall		at (718-7351
Name o	of Contact Person	at (407) 718-7351 Area Code & Daytime Telephone Numb	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 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

Easter Municipal Pensions & Benefits, Inc.

(Name of Corporat	ion as currently f	led with the Florid	la Dept. of State)		
P15000061223					
(Docu	ment Number of C	orporation (if knowr	1)		-
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Fl</i>	orida Profit Corpord	ation adopts the follo	wing amer	ndment(s)
A. If amending name, enter the new name of the c	orporation:				
GA Public Solutions, Inc				The	new
name must be distinguishable and contain the wood "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co	". A professional of		e abbrevio	ation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			<u> </u>	<u> </u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)				
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter 1	the name of the	15	- IAL SE
Name of New Registered Agent	·				25.20 25.20 26.20
	(Florida street	address)		<u>-</u>	TARY O
New Registered Office Address:		ity)	, Florida	Zip Code)	
	(0	•,,,	,-	=	TATE
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		h and accept the obl	ligations of the position	on.	
Sign	nature of New Reg	istered Agent, if cha	nging		

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 = Trustec; 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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ST	Frank Arnall	5743 Rocking Horse Road
X Add			Orlando, FL 32817
Remove			
2) Change			
Add			
Remove			
3) Change			<u></u> → >>
Add			SECRE ALL SEP
Remove			
4) Change			PH 2:
Add			ATE
Remove			
5) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
			
		<u> </u>	
		•	
		<u> </u>	
		-V-1011-1	
		15	2
an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	SEP	 برد
provisions for implementing the amo	endment if not contained in the amendment itself:		-
(if not applicable, indicate N/A)			
		P	
		5	W011:07
			<u>``</u>
			<u> </u>
, , , , , , , , , , , , , , , , , , ,			

The date of each amendmen date this document was signed		, if other than th
-,	September 11, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	SEC FALL
Septe	mber 11, 2015	SER ARE
Dated Signature	fresh my mall	FILED ARY OF ASSETT
	by a director, president or other officer – if directors or officers have not been	
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	STAT LORN 2: 1
a	opointed fiduciary by that fiduciary)	_ Dm
	Frank Arnall	•
	(Typed or printed name of person signing)	
	Sccretary/Treasurer	
	(Title of person signing)	