P15000093103

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SECRETARY OF STATE
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FEB 2 4 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: G & M GROVES, INC. DOCUMENT NUMBER: P15000093103 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL A. RIDER Name of Contact Person MICHAEL A. RIDER, PA Firm/ Company 13 N. OAK AVENUE Address LAKE PLACID, FL 33852 City/ State and Zip Code marider@mariderlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL A. RIDER Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address **Amendment Section Amendment Section** Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G & M GROVES, INC.				
(<u>Name of C</u>	orporation as curren	tly filed with the Florida Dept. of State)		
P15000093103				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, thi	s Florida Profit Corporation adopts the following	ig amendmei	nt(s) to
A. If amending name, enter the new name	of the corporation:			
N/A			The new	
	on "Corp," "Inc," or	ion," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."		
B. Enter new principal office address, if a	onlicable:	N/A		
(Principal office address MUST BE A STRI				
			ري حر	20
			- 171	191
C. Enter new mailing address, if applicab	cable:	N/A		2016 FEB 22
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		- <u>SS</u>	22
			m <u>a</u>	E E
			ESS.	င္မာ
			一番音	26
D. If amending the registered agent and/o new registered agent and/or the new re			الاسط _ا	
N/		_		
Name of New Registered Agent			-	
	(Florida s	street address)	-	
N/.	,	,		
New Registered Office Address:		, Florida	Code)	
		(3.9)	,	
New Registered Agent's Signature, if chan	ging Registered Agen	<u>nt:</u>		
I hereby accept the appointment as registered	d agent. I am familiar	r with and accept the obligations of the position.		
	Signature of New	Registered 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	VD	_	ANDREW S. RUSSELL	109 Aaron Drive
Add				Lake Placid, FL 33852
Remove				(Correct middle initial)
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		- 100
Add				
Remove				
6) Change		_		
Add				
Remove				

L. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	<u></u>
	
If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
V/A	

The date of each amendmen		, if other than the
date this document was signed	2/3/15	
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 he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"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 shareho	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
2/3/1: Dated Signature		
(E	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other copointed fiduciary by that fiduciary)	
	Andrew S. Russell	
	(Typed or printed name of person signing)	
	Vice President/Director	
	(Title of person signing)	

D