## P16000035342

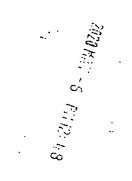
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gale Ann Curley PA DOCUMENT NUMBER: P16000035342 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charles Hall Name of Contact Person Hall Financial Corporation Firm/ Company 3791 ATA South, Suite B Address St Augustine, FL 32080 City/ State and Zip Code CTA1040@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 904 ) 471-3100 Area Code & Daytime Telephone Number Charles Hall Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■543.75 Filling Fee & ■\$43.75 Filing Fee & □\$52,50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

220 May - 6 PH 12: 48

Gale Ann Curley, PA		A 11 15 40
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P16000035342		·
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
Galeann Montague , PA		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Content association,"	Corp " "Inc " or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	429 Coopers Cove Ruad
(Principal office address MUST BE A S	TREET ADDRESS )	St Augustine, F1 32095
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		429 Coopers Cove Road
		St Augustine, FL 32095
D. If amending the registered agent at new registered agent and/or the ne		
Name of New Registered Agent	Hall Financial Corporation	
Same ii wew Registerea Agen	3791 ATA South Suite B	
	(Florida s	reet address)
New Registered Office Address:	St Augustine	, Florida 32080
	-	(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ager tered agent. I am fumilian	at: with and accept the obligations of the position.
<del></del>		Description of the second of t
_	Ngnature of New	Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (c), F.S.

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.

Please note the officer/director title by the first wive of the opposition.

P = President: V= Vice President: T= Treasurer; S= Secretary: D= Director, TR= Trustering G=cChairman or Clerk; CEO = Chief
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first fetter 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>1.1.</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>\$V</u>	<u>Şally Şmith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P D	Gale Ann Curley	429 Coopers Cove Road
Add			St Augustine, Fl 32095
X Remove			·
2) Change	PDS	Galeann Montague	429 Coopers Cove Road
X Add	_		St Augustine, Fl 32095
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del> -
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	•
<del></del> .	7.32a ti -	1 - 6 3 15 17 8
		- 6 2 10 10 10 10 10 10 10 10 10 10 10 10 10
		11/21/49
*** <u>*</u> ***		
	_ <del>_</del>	
	<del></del>	
		E mark baran
provisions for implementing the ame	ange, reclassification, or cancellation of adment if not contained in the amendme	nt itself:
(if not applicable, indicate N/A)		
	<del></del>	
		••

	May 4, 2020	
The date of each amendmen		, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	May 4, 2020	
continue that the sport and	(no mare than 90 days after amen <mark>dine</mark> nt file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholde	r action and shareholder
	ere adopted by the shareholders. The number of votes east for the amenda were sufficient for approval.	nent(s)
	rice approved by the shareholders through voting groups. The following st cell for each voting group entitled to vote separately on the omendment(s)	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
bv		
0, <u> </u>	tvoting group)	
May Dated Signature _	4. 2020  Alexandre	
(1	By a director, president or other officer – it directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or other provinted fiduciary by that (iduciary)	
۷-	Galcana Montague	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	