

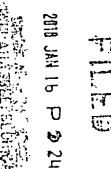
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(Address)	—
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	
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ROBERT JOHN GALLIONE 11030 NW 28<sup>TH</sup> STREET CORAL SPRINGS, FL 33065-3507 PHONE: (954) 254-4054

FAX: (954) 510-6300

JANUARY 11, 2018

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

REF: Corporation Name Change of LORD OF THE PRESS, INC. #P16000079018, to "GALLIONE TECHNOLOGIES, INC."

Hello: Enclosed please find my Amendment paperwork and check to change the name of my corporation from LORD OF THE PRESS, INC. to "GALLIONE TECHNOLOGIES, INC."

All other information will remain the same from Officer, addresses, registered agent, etc.

Thank you very much for your attention to this request.

Sincerely,

Robert John Gallione

Chairman, President & 100% Owner

LORD OF THE PRESS, INC. & GALLIONE TECHNOLOGIES, INC.

Enclosed: Amendment Forms Validated & \$35.00 Check

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LORD OF THE P	RESS, INC.	
	BER: P16000079018		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	ROBERT JOHN GALLION	E	
		Name of Contact Person	
	GALLIONE TECHNOLOG		•
		Firm/ Company	
	11030 NW 28TH STREET	Pinib Company	
		Address	
	CORAL SPRINGS, FL 3306		
		City/ State and Zip Cod	e
ассоц	inting@gallionetech.com		
	- • -	sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
RICH GALLIONE SI	₹.	954	482-1390
Name of Contact Person		Area Co	de & Daytime Telephone Number
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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

LORD OF THE PRESS, INC.

(Document Number of Corporation (if known): A. If amending name, enter the new name of the corporation:  GALLIONE TECHNOLOGIES, INC.  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:	(Name of Corporation as currently	filed with the Florida Descript State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s staticles of Incorporation:  A. If amending name, enter the new name of the corporation:  GALLIONE TECHNOLOGIES, INC.  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."  3. Enter new principal office address, if applicable:  (Mailing address MUST BE A STREET ADDRESS)  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  , Florida	P16000079018	· • 24
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GALLIONE TECHNOLOGIES, INC.  The new same 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:		The same of the state of the st
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(Florida street address)  New Registered Office Address:, Florida		ss in Florida, enter the name of the
(Florida street address)  New Registered Office Address:, Florida	Name of New Registered Agent	
New Registered Office Address:, Florida	by the wind special spe	
	(Florida stree	et address)
	New Registered Office Address:	Florida
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hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Registered Agent, if changing	Signature of New Re-	gistered 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 <math>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>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	· -
Add			
Remove			<del></del>
2) Change			
Add			
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	ets, if necessary).	(Be specific)			
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f an amendment pro	vides for an exch	ange, reclassifica	tion, or cancellat	ion of issued shar	es,
provisions for imple	menting the ame	ndment if not cor	itained in the am	endment itself:	
(if not applicable	:, indicate N/A)				
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	1/11/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/11/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<u> </u>	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholde	г
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
1/11/201	8	
Dated		
Signature	Ant tellims	
(By a selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	ROBERT JOHN GALLIONE	
	(Typed or printed name of person signing)	
	CHAIRMAN. PRESIDENT, 100% OWNER	
	(Title of person signing)	