## P16000087838

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## · COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Gas Parilla	
DOCUMENT NUMBER: P160008	7838
The enclosed Articles of Amendment and fee are subn	
Please return all correspondence concerning this matte	r to the following:
Calon h	lalsh
	Name of Contact Person
Gaspanlla	Name of Contact Person  Profesty Sorves INC  Firm/ Company
	Firm/ Company
PO BOX	Address  Och FL 34295  City/ State and Zip Code
	Address
200/2 W	ood FL 34295
	City/ State and Zip Code
E-mail address: (to be used)  For further information concerning this matter, please of	for future annual report notification)
Calen Walsh	at ( 991 ) 4/6 - 89/8  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee	■\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of



2017 HAR -8 AM 7:50

GASPARILLA PROPERTY SERVICES INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P16000087838
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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 malling 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
(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar 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	PT Jo	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	0	Hearher Blood	130 Morningside 1 Englewood, FL 3429
Add			Englewood, FL 3429
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change		the state of the s	4,3
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(II not applicable, indicate IVA)		
(II not applicable, indicate IV/A)	<i>f</i> . <i>J</i>	
(II not applicable, indicate IVA)		
(II not applicable, indicate IV/A)		
(II not applicable, indicate IVA)		
(II not applicable, indicate IV/A)	M/A	
(II not applicable, indicate IV/A)		
(II not applicable, indicate IV/A)	M/A	

The date of each amendment(s) adoption:	if other than the
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 document's effective date on the Department of State's records.	not be listed as the
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)	
(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.	
3/1/2017	
Dated	
Dated	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u></u>