## P17000029856

(Re	equestor's Name)	
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And

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## **COVER LETTER**

**TO:** Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** glabash Events Incorporated P17000029856 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at 807 - 753 - 9850 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

•	to	gg er in a service of the
A	rticles of Incorporation	14 · · · · · · · · · · · · · · · · · · ·
$\bigcap$	of	
lalalash Eyent	3 Incordo	ratecl
(Name of Corporation as o	urrently filed with the Flor	rida Dept. of State)
P17-0000398	56	
(Document	Number of Corporation (if k	nown)
cursuant to the provisions of section 617 1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
anc mus; be distinguishable and contain the word "co	rporation" or "incorporated	The new d'or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.		
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registere new registered agent and/or the new registered or		enter the name of the
-	<del></del>	
Name of New Registered Agent:		
	117	orida street address)
New Registered Office Address:	(F)	mua xivei uuaressj
		, Florida
<del></del>	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regis	tored Agent	
hereby accept the appointment as registered agent. 1		the obligations of the position.
		· · · · · · · · · · · · · · · · · · ·
	Signature of New Regist	ered 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 X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PT	Amanda faul	7950 Will 53 V Stree
X Add			
Remove			Marri, FL. 32164
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove		Page 2 of 4	

E. If amending or adding (attach additional sheets	s, if necessary) (l	Be specific)				
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The date of each amendment(s) add date this document was signed.	option:	_, if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del> .
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not lartment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	1/10/0017	
Signature		_
have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
<i></i>	Iman Da Paul	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	