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R. WHITE

MOV - 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

. . . .

NAME OF CORPO	DRATION:	gacy, Inc.	
	1BER: P17000064224		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Bloniva S Johson		
		Name of Contact Person	
	Johnson Family Legacy, Inc.		
		Firm/ Company	
	6039 C	Ipress Go	uden B/Vd
	Winterh	August Au	uden B/Vd _ 33884
		City/ State and Zip Code	
	e' Cale II		•
5101	niva@bellsouth.net		
	E-mail address: (to be us	sed for future annual report i	notification)
For further informati	ion concerning this matter, pleas	se call:	
Bloniva S Johnson		954 at (_1 224-7429 le & Daytime Telephone Number
Name	e of Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depai	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
М	ailing Address	Street A	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
	O. Box 6327 Illahassee, FL 32314		Building cecutive Center Circle
1 41	manassee, F.L. J.22 144	2001 63	COURTS CEITIEF CITCIE

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

17 NOV -6 AM 11: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P17000064224 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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."

(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	

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	Bloniva S Johnson		
	511 Mareia Loop		
	(Florida street address)		
New Registered Office Address:	Winter Haven	33884 , Florida	
	(Ciņ ₂	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

B. Enter new principal office address, if applicable:

Johnson Family Legacy, Inc.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

. . .

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 Doc		
X Remove	<u>v</u>	Mike Jones		
		Sally Smith		
Type of Action (Check One)		<u>Name</u>	<u>Addres</u> s	
1) Change	P	Beverly A Reed	511 Marcia Loop	
Add X Remove			Winter Haven, FI 33884	
2) Change	p	Bloniva S Johson	511 Marcia Loop	
X Add			Winter Haven, Fl 33884	
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).). (Be specific)	
**		
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-		
•		
an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
**		
-		
	N	

	October 1, 2017	
The date of each amendment(s) date this document was signed.	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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
October Dated Signature	Denerly Theed	
selee	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Beverly A Reed	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	