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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Global Development Solutions IN DOCUMENT NUMBER: P17000072202
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Richardson Name of Contact Person Global Development Solutions INC Firm/ Company G326 103rd St Address Jacksonsille FL, 32246 City/ State and Zip Code [Mapped out Claning Gamil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 450 6875 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

FILED

to Articles of Incorporation

	17. UCT 26 APT 10: 21
Global Developme	nt Solutions at a vorsing
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P170000	72303
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation" Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	9727 Touchton Rd
	Jacksonville, Fl 32246
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9727 Touchton Rd Apt 1804
	Socksonville, Fr 32246
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent	4,
MA	
tFlorida si	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	r.
I hereby accept the appointment as registered agent. I am familiar	vith and accept the obligations of the position.
,	
NA	
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 Doc 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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	\underline{V}	Mike Jo	nes	
_X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			NA	NA
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_	•	
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	rets, if necessary).				
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f an amendment pro	ovides for an exchai	nge, reclassificat	ion, or cancellat	ion of issued shap	res,
provisions for imple (if not applicable	ementing the amend	lment if not cont	ained in the ame	ndment itself:	
	_				
	MA				
					
	-		-		
					

The date of each amendment(s) adoption:	10/25/2017	if other than the
date this document was signed.	12/20/20	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing require of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (<u>G</u>	CHECK (ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes east for the or approval.	; amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The folling group entitled to vote separately on the amend	owing statement dment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	voting group)	
	voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action a	ind shareholder
action was not required.	he incorporators without shareholder action and s	hareholder
Dated/0/25/2	2017	
Man	1/2-	
	resident or other officer – if directors or officers h	
	ncorporator – if in the hands of a receiver, trustee.	
	ary by that fiduciary)	
/	Michael Richardson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	