## P17000078531

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GLASS MONKEY	/ INC	
DOCUMENT NUM	IBER: P17000078531		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SANDRA CARBONELL		
	<del></del>	Name of Contact Persor	1
	GLASS MONKEY INC		
		Firm/ Company	
	1101 MIRANDA LANE		
		Address	
	KISSIMMEE, FLORIDA 34	<b>4</b> 741	
		City/ State and Zip Code	
CAI	RLOS@GLASSMONKEYFLO	ORIDA.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SANDRA CARBO	NELL	at ( <u>407</u>	459-5675
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GLASS MONKEY INC					
(Name o	of Corporation as currently	filed with the Florida Dept	t. of State)		
P17000078531					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation ac	dopts the following	g ameno	dment(s) to
A. If amending name, enter the new na	ame of the corporation:				
				The i	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered." "professional association,"	Corp," "Inc," or "Co". A				
B. Enter new principal office address,			<del></del>		_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		<del>_</del> ,		-
			fin .	<del>- 6</del>	
				<del>- 23.</del> -	_ <u>.U</u>
C. Enter new mailing address, if appl				-0	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)				1T1 :="1
				_ <del></del>	_
				ຸກ. ູ່ທ	
B. 16			1.0	:7	
D. If amending the registered agent an new registered agent and/or the new			ne of the		
-	RAE'S ACCOUNTING &				
Name of New Registered Agent	501 EAST OAK STREET	LINIT A2	· <del> </del>		
	(Florida stre			-	
	KISSIMMEE	- · · · · · · · · · · · · · · · · · · ·	34744		
New Registered Office Address:		Ciný	. Florida	Code)	_
		•	·		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ith and amont the abliqueion	n aftha nogition		
r nereoy accept the appointment as regist	erea agem. Tam jamuar w	Ash	s of the position.		
	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 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>РТ</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	TR	ARMANDO CARBONELL	1844 SAILFISH COURT	
Add			ORLANDO, FLORIDA 34744	
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				
		Page 2 of 4		
E. If amending or addin (Attach additional she	ng additi ets. if ned	ional Articles, enter change(s) here: cessary). (Be specific)		

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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
<del></del>	
	ii,
	<del> </del>
	<del>-</del>
Page 3 of 4	
i age o or a	
December 1, 2019	
i ne date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Complication days of any black to	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONF</u> )
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e 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):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 12/06/2 Signature (By	2019 Sundu S Clarbox C.  a director, president or other officer – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Sandra Carbonell
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)