917000091344

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Gledavi, Inc.						
DOCUMENT NUMB	ER: P17000091344		1 30				
	f Amendment and fee are su	bmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
(Glenys Plante						
-	Name of Contact Person						
(Gledavi. Inc.						
-		Firm/ Company					
,	14477 Vindel Circle						
-	··	Address					
1	Fort Myers, FL 33905						
-	<u></u> -	City/ State and Zip Code					
glenys	@gledavi.com						
		sed for future annual report	notification)				
	•	•	·				
For further information	concerning this matter, pleas	se call:					
Glenys Plante		954 at (849-2984 de & Daytime Telephone Number				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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Gledavi, Inc.	TATO DE VERRE POR 12
(Name of Corporation	as currently filed with the Florida Dept. of State) [ALLAHASSEF, F]
P17000091344	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
NIA	771.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl B. Enter new principal office address, if applicable: (Principal office address	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	N/A
	(Florida street address)
	(rioriaa sireet aauress)
New Registered Office Address:	, Florida (City)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
	m familiar with and accept the obligations of the position.
	NA
Signatus	re 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	David Plante	14477 Vindel Circle
, Add			Fort Myers, FL 33905
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Adđ			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•	<u> </u>	
Aud Remove			
1\Ci1101C			

Attac	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
f an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s	adoption:	10/25	13	, if other than the
date this document was signed.				, , ,, , , , , , , , , , , , , , ,
	0/25/18			
Effective date <u>if applicable</u> :			fter amendment file date)	
	(no mo	re man 90 days a	ner amenament jue aatej	
Note: If the date inserted in the document's effective date on the			tutory filing requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)		
☐ The amendment(s) was/were by the shareholders was/were			of votes east for the amer	ndment(s)
☐ The amendment(s) was/were must be separately provided				
"The number of votes c	ast for the amendments) was/were suffici	ent for approval	
by	1713	} 		
	(voting grou	(p)		
The amendment(s) was/were action was not required.	adopted by the board of	directors without	shareholder action and sh	areholder
The amendment(s) was/were action was not required.	adopted by the incorpora	ators without share	eholder action and shareh	older
Dated 10/25/1:	8			
Signature		3		
	a director, president or o	other officer – if d	irectors or officers have n	ot been
			of a receiver, trustee, or ot	her court
app	ointed fiduciary by that t	fiduciary)		
	David Plante			
	(Typed or	r printed name of	person signing)	
	VP			
		(Title of persor	ı signing)	