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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GK REAL PROPE	ERTIES, INC.	
DOCUMENT NUMB	ER: P17000098733		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MICHELLE MARSH		
-		Name of Contact Person	1
	GK REAL PROPERTIES, IN	vC.	
-		Firm/ Company	
	2984 CENTAUR LANE	2 cpy	
-		Address	
	TITUSVILLE, FL 32796		
•		City/ State and Zip Code	2
IPAID	MYRENT@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
GARDNER KENT		at (239	_) 887-2106
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	artment of State:
□ \$35 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

GK REAL PROPERTIES, INC.				
(<u>Name</u>	of Corporation as currentl	y filed with the Florida Dep	ot. of State)	
P17000098733				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following am	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	r new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc, for "Co". 2			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2984 CENTAUR LANE		
		TITUSVILLE. FL 32796		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2984 CENTAUR LANE		
<u></u>		TITUSVILLE, FL 32796		
D. If amending the registered agent an new registered agent and/or the ne			me of the	_
Name of New Registered Agent	MICHELLE ANN MARS	Н		
	2984 CENTAUR LANE			
	(Florida str	cet address)		
New Registered Office Address:	TITUSVILLE		, Florida 32796	
		(City)	(Zip Code)	
New Registered Agent's Signature, if o	shanging Degistered Agent			
I hereby accept the appointment as regis	tered agent. I am familiar v	: vith and accept the obligation	ns of the position:	19
	Missell. A.	: Mans	<u> </u>	
	Signature of New R	egistered Agent, if changing		26
				= 0

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> <u>John</u>	John Doe		
X Remove	<u>V</u> <u>Mike</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	· Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	REPRES	MARK JAMES HAYES	PO BOX 622	
Add			BOKEELIA, FL 33922	
X Remove				
2) Change	REPRES	MICHELLE ANN MARSH	2894 CENTAUR LANE	
X Add			TITUSVILLE, FL 32796	
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 add (Attach additional si	ling additional A	articles, enter change(s) here: v). (Be specific)		
A tracii deamondi M	acts, y necessary	7. (De specyte)		

	
	*
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	
Page 3 of 4	
The date of each amendment(s) adoption: N/A	if other than th
date this document was signed.	, a outer must th
Effective date if applicable: (no more than 90 days after amendment file date)	
ino mare inan 90 days aller amenament tile dale)	

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)	(CHECK ONE)
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement of our group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated	
Signature) and	men Kont
(By a director,	president or other officer - if directors or officers have not been
selected, by an appointed fidu	n incorporator – if in the hands of a receiver, trustee, or other court sciary by that fiduciary)
-ppointed and	zany oy dad nodolaly)
GARI	ONER EDWARD KENT
-	(Typed or printed name of person signing)
PRESI	IDENT-SECRETARY
(Title c	of person signing)