P1800016/49

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>6LOBAL PL</u>	LYGRUUNDS-DIVERSIFIET	
DOCUMENT NUMBER: <u>P / 8000016 /</u>	49	COMPANY
The enclosed Articles of Amendment and fee are sub-	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
JEANETTE C	SAUAGHER Name of Contact Person	
GWBAL PLAYGRE	OUMS - DIVERS I FIED IN. Firm/Company	STAULATIONS COMPANY
5688 STATE 1	POAD 6 W Address	
JASPER, FC	32057 City/ State and Zip Code	
<u>diversified_ins</u> E-mail address: (to be us	Stallation 5 Valuo . Ca ed for future annual report notification)	us_
For further information concerning this matter, pleas	e call:	
Deanette Callagher Name of Contact Porson	at (<u>386</u>) <u>938</u> -	2016 one Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) S52.50 Filing Fe & Certificate of Sta Certified Copy (Additional Copy is enclosed)	tus
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 Circl	e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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(Name of Corporation as currently fi	MS/ACCA//OMS (led with the Florida Dept. of State)	011	JUN.	19
P180001614	9			
(Document Number of Co	prporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the to	llowing	amendr	ment(s)
. If amending name, enter the new name of the corporation:				
			The no	ew.
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co- word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name	the abi must co	breviati ontain t	on he
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	_			-
-			19	-
-		Ė	<u> </u>	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	63	
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-			<u>ج</u> ب	-
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: 	in Florida, enter the name of the	₩ >	တ	
Name of New Registered Agent				
(Florida street a	nddress)			
New Registered Office Address:	, Florida		 -	_
(Cit	17	(Zip Ce	odes	
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the pos	ition.		
Signature of New Regis	stered 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP GIRARD P. DAUSCH	5688 STATE ROLL 64
Add		JAGRED FL 32052
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		 .
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Art Mach additional sheets, if necessary).	(Be specific)				
					
-		<u>-</u>			
					
	, _				
			_		
		· ·			
					
an amendment provides for an excl	hange, reclassific:	ition, or cancella	tion of issued sh	ares.	
provisions for implementing the ame	ndment if not cor	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
			_		-
<u> </u>					

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and shareholder	
Dated_02-0	01-2019	
Signature	augur	
	ector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	1-1-1-1	
-	(Typed or printed name of person signing)	
-	- LESIDENT	
	(Title of person signing)	