## P18000016444

(Re	equestor's Name)	
(Ad	ldress)	
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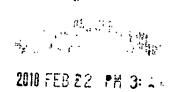
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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Wingate Financial	Group, Inc.			
DOCUMENT NUMB	ER: P1800016444				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	Autumn Wingate				
-		Name of Contact Person			
•	The Wingate Group, Inc.				
-		Firm/ Company			
:	2630 Brochelle Drive				
-	Address				
į	Pace, Fl 32571				
-		City/ State and Zip Code	:		
winga	teautumn@gmail.com				
	<del>-</del> -	sed for future annual report	notification)		
	(		,		
For further information	concerning this matter, pleas	se call:			
Jared Brett Wingate		at ( 850	255-2900		
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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



Wingate Financial Group, Inc.

(Name of	Corporation as curren	tly filed with the Florida Dept.	of State)
P1800001644			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Statutes, thi	s <i>Florida Profit Corporation</i> add	opts the following amendment(
A. If amending name, enter the new nam	e of the corporation:		
The Wingate Group, Inc.			The new
name must be distinguishable and contai "Corp.," "Inc.," or Co" or the designati word "chartered," "professional associatio	ion "Corp," "Inc," or	"Co". A professional corporat.	ated" or the abbreviation
Enter now principal office address if	annliaghla.	NA	
B. <u>Enter new principal office address, if a</u> Principal office address <u>MUST BE A STR</u>			<del></del>
C. Enter new mailing address, if applica	ble:	N. 4	
(Mailing address MAY BE A POST OF		NA	
<ol> <li>If amending the registered agent and/ new registered agent and/or the new i</li> </ol>			e of the
	van van de la van van van van van van van van van va	<u> </u>	
Name of New Registered Agent			
_			
	_	treet address)	
New Registered Office Address:	IA		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agei	1 <u>t:</u>	
hereby accept the appointment as register			of the position.
	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 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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		<del></del>	NA		
Add					
Remove					
2) Change	<del></del>	***			
Add					
Remove					
3 ) Change		<u>.</u>		<del></del>	
Add					
Remove					
4) Change			******		
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
5) Change					
Add					
Remove					
6) Change		<del></del>		<del></del>	
Add					
Remove					

F. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
NA	
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)	
NA	

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date we partment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
February 2 Dated	0, 2018	
Dated		
Signature	//h/	
(By a d	lirector president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
<del></del>		
	Tared Brott Winacte	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	