## P1800036102

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Bor. 6327

Tallahassee, FL 32314

NAME OF CORPORA	TION: GUNSHI	ne State a	rms Corp	
	r: <u>P180000</u>		·	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
-4	Nicholas H	Name of Contact Person	·	
_	1076B	Cottonwood 1  Address  City State and Zin Code	n. 32305	
_	Tallahass	ee.FL		
		City/ State and Zip Code		
G	E-mail address: (to be us	arms @ gmail ed for future annual report	notification)	
For further information.c	oncerning this matter, pleas	e call:		
Nicholas Name of	Hickey Contact Person	at ( <b>450</b> Area Coo	559-7701 de & Daytime Telephone Number	
Enclosed is a check for the	he following amount made 1	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			Address ment Section	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently	filed with the Florida Dept. of State)
P1800003610	2_
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fitts Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	•
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation  o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	·
(Florida stree	t address)
New Registered Office Address:	City) , Florida
ic	(Ziff Gode)
•	All Company of the Co
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	S S F
	25 25 25 25 25 25 25 25 25 25 25 25 25 2
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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)  1) Change	Title ·	Jonathan Hoeppner	Address 1624 Krhlacte dr
X Add		Cotto turn to their	102 AUTIVALO
Remove		•	
2) Change			Name of the second of Pagagon
Add			
Remove			
3) Change			
Add			
Remove		,	· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
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5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

ach additional sheets, if	ditional Articles, et necessary). (Be s	manifial		_		۱ ا م
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n amendment provides	s for an exchange,	reclassification	, or cancellati	on of issued sl	nares,	
ovisions for implement (if not applicable, indi		at if not contain	ed in the ame	ndment itself:		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5/14/2-018	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/14/2-018	
Signature Min Huay	
(By a director, president or officer – if directors or officers have not been	<del></del> ·
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Nicholas Hickey (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	