

P1900000 4859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

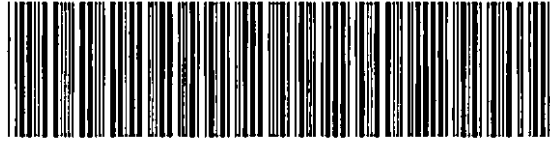
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02/13/20--01005--020    ♦♦10.00

12/26/18--01007--020    ♦♦25.00

2020 FEB 12 AM 8:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
111 ATLASSSEE, FLORIDA  
**FILED**

FEB 13 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2020

ALAN M STEIN  
ALAN M STEIN ACCOUNTING & TAX SERVICE IN  
3930 E STATE RD 64  
BRADENTON, FL 34208

SUBJECT: THE GRAY WOLF GROUP, INC.  
Ref. Number: P19000004859

We have received your document for THE GRAY WOLF GROUP, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 420A00001874

2020 FEB 12 4:11:45

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE GRAY WOLF GROUP, INC.

DOCUMENT NUMBER: PI9000004859

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN M. STEIN  
Name of Contact Person  
ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC.  
Firm/ Company  
3930 STATE ROAD 64 EAST  
Address  
BRADENTON, FL 34208  
City/ State and Zip Code  
STEINACCOUNTING@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN M. STEIN at ( 941 ) 749-5364  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

THE GRAY WOLF GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000004859

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A  
*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

DEPARTMENT OF STATE  
VISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2020 FEB 12 AM 8:27

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The date of each amendment(s) adoption: 12/23/2019, if other than the date this document was signed.

Effective date if applicable: 12/23/2019  
*(no more than 90 days after amendment file date)*

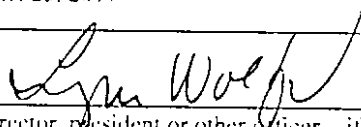
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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 \_\_\_\_\_"  
*(voting group)*

Dated DECEMBER 23, 2019  
Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LYNN WOLFORD  
*(Typed or printed name of person signing)*

PRESIDENT  
*(Title of person signing)*