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COVER LETTER

TO: Amendment Section Division of Corporations			•	
NAME OF CORPOR	RATION: GULF SIDE VAL	ET INC.		
DOCUMENT NUM	DOCUMENT NUMBER: P19000034016			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Cheyenne Moseley			
		Name of Contact Person	1	
	LegalZoom.com, Inc.			
	Firm/ Company			
	101 N. Brand Blvd., 11th F	Floor		
		Address		
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		City/ State and Zip Code	÷	
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Cheyenne Moseley		at (800	773-0888 ext. 9724 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
	iling Address		Address	
	endment Section		ment Section	
Division of Corporations P.O. Box 6327			n of Corporations Building	
	lahassee, FL 32314	2661 E	xecutive Center Circle issue, FL 32301	

FILED

Articles of Amendment ta

2019 MAY 22 P 1 83

Articles of Incorporation of

UF DECTAMY CELSTATE ALUAHASSEE, FLORIDA

GULF SIDE VALET INC. (Name of Corporation : currently flied with the Florida Dept. of State) P19000034016 (Doom: 11 Number of Corporation (if known) Pursuant to the provisions of section 60 11006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new | 1000 of the corporation; name must be distinguishable and civitaln the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the desi vation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered." "professional assoc vion," or the abbreviation "P.A." 5220 Brittarry Dr. S., #307 B. Enter new principal office address if applicable: (Principal office address MUST REA : TREET ADDRESS) St. Petersburg, Florida 33715 C. Enter new malling address, if ap | lemble: 31 E OGDEN AVE. (Mailing address MAY BE A POS OFFICE BOX) LAGRANGE IL. 60525 D. If amending the registered secont edfor registered office address in Florida, enter the name of the new registered agent and/or the ; or registered office address: Name of New Registered Age: (Florida street address)

New Registered Acout's Signature. il thereby accept the appointment as reg	hanging Registered Agent; Tered agent. I am familiar with and accept the obligations of the position
	gnature of New Registered Agent, if changing

New Registered Office Addres

(City)

, Florida

(Zip Code)

address of each Officer and/or Directical (Attach additional sheets, if necessary) Please note the officer/director title by t. P = President; V = Vice President; T=		recti Ty) by t. T-	: first letter of the office title: reasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief	
held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	r, Directo in the fol was the co	r wa lowii Irpor	r manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There → ion, Salty Smith is named the V and S. Thase should be noted as John Doe, PT as a Chan	
Example: X.Change	PT	<u>Joh</u>	<u>Joe</u>	
X Remove	¥	Mik	Lones	
_X Add	<u>\$Y</u>	Sall	Smith	
Type of Action (Check One)	Titte		Name	Address
1) X Change	PDTS	_	Daniel J. Doody	5220 Brittany Dr. S., #307
Add				St. Petersburg, Florida 33715
Remove				
2) Change	 	_		
Add	•			
Remove				
3)Change		-	**************************************	
Add				
Remove				
4) Change		_		*****
Add				
Remove				
5) Change	·	-		
A64				
Remove				
ර) Change		-		
Add				
Remove				

Page 2 of 4

If amending or adding additional &	deles, enter change(s) berg:
. If amending or Adding additional A. (Attach additional sheets, if necessar)	(Be specific)
(•
	·
	_
	<u></u>
F. If an amendment provides for an	schange, reclassification, or cancellation of issued shares,
provisions for implementing the	mendment if not contained in the amendment Heelf!
(If not applicable, indicate No	schappe, reclassification, or cancellation of issued shares, mendment if not contained in the smendment itself:
·	

The date of each amendment(s) edopt	n: 05/14/2019	_, if other than the
date this document was algored.	-/1×/2-12	
Effective date if applicable:	(no more than 90 days after amendment file date)	_
	(NO MORE INDIA YO GAYS WHEN GIVEN JUNE GALLEY	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	by the shareholders. The number of votes east for the amendment(s) of for approval.	
The amendment(s) was/were approved to separately provided for each	i by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	n amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The appendment(s) was/were adopte action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	by the incorporators without shareholder action and shareholder	
Dated 5/1	19 /7 /1	
Signature	- Wall the	_
(By a direct	or, president or other officer - M directory or officers have not been an incorporator - If in the bands of a receiver, trustee, or other notati	
	duciery by their fiduciary)	
	Daniel J. Doody	<u> </u>
_	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	