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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GIDEON ENTERI	PRISES OF SW FLORII	DA, INC.
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	CARLA ALLISON		
		Name of Contact Perso	n
	GIDEON ENTERPRISES (OF SW FLORIDA, INC.	
		Firm/ Company	
	9120 PEREGRINE WAY		
		Address	
	NORTH PORT, FL 34287		
		City/ State and Zip Cod	e
	E-mail address: (to be us	ARBOR SCOOP!	notification)
For further information	on concerning this matter, pleas		
	- CC - A - A D	at (975-1588
	of Contact Person or the following amount made p		de & Daytime Telephone Number artment of State:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Cls43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment tο Articles of Incorporation of

Dia Single May 10 GIDEON ENTERPRISES OF SW FLORIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000045500 (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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (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.

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)

Example:

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>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) X Change	V,T	FRANK ALLISON	9120 PEREGRINE WAY
Add			NORTH PORT, FL 34287
Remove			
2) Change	P	CARLA ALLISON	9120 PEREGRINE WAY
X Add			NORTH PORT, FL 34287
Remove 3) Change		-	
Add			
Remove			
4) Change	-		
A d d			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

(Attach <i>add</i>	g or adding additional Ar itional sheets, if necessary).	. (Be specific)			
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provision:	dment provides for an exe s for implementing the am applicable, indicate N/A)	change, reclassifica nendment if not con	ition, or cancellation itained in the amer	<u>n of issued shares,</u> idment itself:	
					
					· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) a date this document was signed.	deption:	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	u(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	CARLA ALLISON	
	(Typed or printed name of person signing)	···
	PRESIDENT	
	(Title of person signing)	