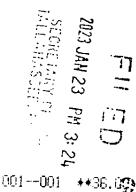
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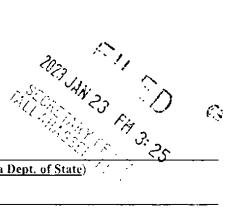
COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: Grady Financial Corporation
DOCUMENT NUMBER: <u>P2300002723</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chelse Grady Name of Contact Person
Graciy Financial Corporation Firm/Company
3915 Aprilachee Pkwy Address
Talvinassee F1 32311 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chaise Grady at 352 745-9518 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Grady Financial Corporation

(Name of Corporation	n as currently filed with the	<u>e Florida Dept. of State</u>	2) (() ()
P23000002723			
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the	following amendment(s) t
A. If amending name, enter the new name of the corp	poration:		
			The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," chartered." "professional association," or the abbrevi	or "Co". A professional	incorporated" or the ab corporation name mus	breviation "Corp.," t contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
		· ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		
	-		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
N D · · · · · · · · · · · · · · · · · ·		r1	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		the obligations of the p	osition.
Signate	ure of New Registered Agent	t if changing	
Signati	are of then hegistered Agent	, y oninging	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (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)

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	_ Chelsei Grady	7901 4th St N STE 300
_ X Add		·	St. Peterslavy, F1 33702
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by the vocad Of directors. " (voting group)	
(voting group)	
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)	
Chelsei Grady (Typed or printed name of person signing)	
Tresident (Title of person signing)	