

P96000098188

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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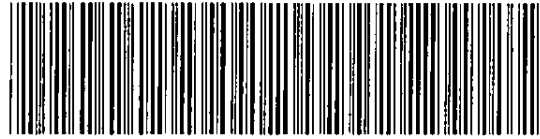
(Business Entity Name)

(Document Number)

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2023 JUL -6 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FL

ML

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DAVID GALLION, INCORPORATED

DOCUMENT NUMBER: P96000098188

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

Please return all correspondence concerning this matter to the following:

CELIA THACKER DORN

Name of Contact Person

NELSON MULLINS RILEY & SCARBOROUGH, LLP

Firm/ Company

390 N. ORANGE AVENUE, SUITE 1400

Address

ORLANDO, FL 32801

City/ State and Zip Code

CELIA.DORN@NELSONMULLINS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIA THACKER DORN

Name of Contact Person

at (407)

669-4219

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

2003 JUL -6 PM 1:55
STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

DAVID GALLION, INC.

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

P96000098188

(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:

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)

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 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) Florida

(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) (c), F.S.

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STATE
SECRETARY OF STATE

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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>T</u>	<u>Nu Le Gallion</u>	<u>10317 Olcott Street</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32817</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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SECRET
FL

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

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STATE
CLERK

May 2, 2023

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

May 2, 2023

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 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 5/3/2023

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)

David Gallion

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL

AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF Osceola)

) SS:

BEFORE ME, the undersigned authority, personally appeared, CELIA THACKER DORN, Esq., ("Affiant") who being first duly sworn upon oath, deposes and says that:

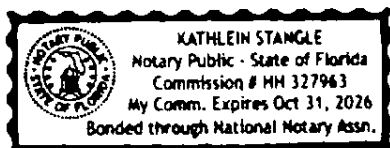
1. Affiant is a licensed attorney in the State of Florida.
2. On May 3, 2023, Affiant met with David Gallion, Sr. at AdventHealth Orlando at 601 East Rollins Street, Orlando, Florida 32803.
3. Affiant prepared several legal documents prior to meeting with David Gallion, Sr.. These documents included Articles of Amendment for David Gallion, Inc., and two corporate resolutions for David Gallion, Inc.
4. Affiant asked David Gallion, Sr., who he wanted to handle the finances for David Gallion, Inc., David Gallion, Sr. stated, I want Nu Le Gallion to handle the finances for David Gallion, Inc.
5. David Gallion, Sr. then, to the best of his ability, executed the Articles of Amendment and respective corporate documents that made Nu Le Gallion the Treasurer for David Gallion, Inc. These documents are attached and incorporated herein as Exhibit "A".

DATED June 12, 2023.

Celia Thacker Dorn
CELIA THACKER DORN, ESQ.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me, by means of ☒ physical presence or ☐ online notarization, an officer duly authorized to administer oaths and take acknowledgments, CELIA THACKER DORN, who is ☒ Personally Known to me, or who Produced _____ as identification.

Given under my hand and official seal this 12th day of June, 2023.



Kath Stangle
Notary Public, State of Florida
My commission expires: October 31, 2026
(Notary Seal)