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SECRETARY OF STATE

NOV 3 0 2016 C LEWIS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Global Development Enterprise, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John R. May Name of Contact Person Global Development Enterprise, Inc. Firm/ Company 115 Bates Avenue SW Address Winter Haven, FL 33880 City/ State and Zip Code gdeproperties@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John R. May Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STALL DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

2016 NOV 28 PM 1: 18

Global Development Enterprise, Inc.			
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P9900001805			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
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)		1507 Lakeland Hills Blvd.	
		Lakeland, FL 33805	
		115 Bates Avenue SW Winter Haven, FL 33880	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			
	115 Bates Avenue SW		
	(Florida street address)		
New Registered Office Address:	Winter Haven	. Florida 33880	
		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			
	ered agent. I am familian		

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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>m</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	John R. May	115 Bates Avenue SW
Add			Winter Haven, FL 33880
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·····	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>cies, enter change(s) nere</u> : (Be specific)
N/A	
	
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	
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date this document was signed		59 Francis of Grig Myourer (mail t
Effective data if applicables	December 1, 2016	2016 NOV 28 PM 1: 19
Effective date <u>if applicable</u> :	(no more than 90 days after a	mendment file date)
	this block does not meet the applicable statutory ne Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	e adopted by the shareholders. The number of vo ere sufficient for approval.	otes cast for the amendment(s)
	e approved by the shareholders through voting gr d for each voting group entitled to vote separatel	
"The number of votes	cast for the amendment(s) was/were sufficient fo	or approval
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	e adopted by the board of directors without share	holder action and shareholder
The amendment(s) was/we action was not required.	e adopted by the incorporators without sharehold	er action and shareholder
	mber 21, 2016	
Dated Signature	20034	
(E	y a director, president or other officer – if director lected, by an incorporator – if in the hands of a re pointed fiduciary by that fiduciary)	
	Timothy Alan Lundy	
	(Typed or printed name of perso	n signing)
	President	
	(Title of person sign	ing)