

Aug. 10. 2016 1:22PM

Rossway Swan Tierney Barry, P.L.

No. 8048 PaP. 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.
Account Number : I20050000159
Phone : (772) 231-4440
Fax Number : (772) 231-4430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: k.barry@rosswayswan.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
GABOR INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	09
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AUG 11 2016

C. CARROTHERS

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August 10, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GABOR INSURANCE SERVICES, INC.
7270 NW 12TH ST
SUITE 700
MIAMI, FL 33126US

SUBJECT: GABOR INSURANCE SERVICES, INC.
REF: V30887

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ONLY CHECK ONE BOX ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H16000194628
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16 AUG 10 PM 1:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Aug. 10. 2016 1:23PM

Rossway Swan Tierney Barry, P.L.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gabor Insurance Services, Inc.

DOCUMENT NUMBER: V30887

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

Please return all correspondence concerning this matter to the following:

Kevin Barry, Esq.

Name of Contact Person

Rossway Swan Tierney Barry Lacey & Oliver, P.L.

Firm/ Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960

City/ State and Zip Code

kbarry@rosswayswan.com

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

For further information concerning this matter, please call:

Kevin Barry, Esq.

Name of Contact Person

at (772)

231-4440

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

Gabor Insurance Services, Inc.

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

V30887

(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:

GIS Antediluvian #1, Inc.

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)

241 Ocean Beach Trail

Indian River Shores, FL 32963

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

241 Ocean Beach Trail

Indian River Shores, FL 32963

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

Ronald Gabor

241 Ocean Beach Trail

(Florida street address)

New Registered Office Address:

Indian River Shores

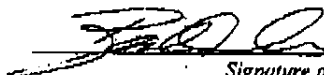
Florida 32963

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 10 AM 4:22

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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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	Ronald Gabor	P.O. Box 648099
<input type="checkbox"/> Add			Vero Beach, FL 32964-8099
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	V	Robert Kenney	1511 U.S. Highway One
<input type="checkbox"/> Add			Suite 101
<input type="checkbox"/> Remove			Sebastian, FL 32968
3) <input checked="" type="checkbox"/> Change	T	Ronald Gabor	P.O. Box 648099
<input type="checkbox"/> Add			Vero Beach, FL 32964-8099
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	S	Michael Gabor	1511 U.S. Highway One
<input type="checkbox"/> Add			Suite 101
<input type="checkbox"/> Remove			Sebastian, FL 32958
5) <input checked="" type="checkbox"/> Change	AT	Robert Kenney	1511 U.S. Highway One
<input type="checkbox"/> Add			Suite 101
<input type="checkbox"/> Remove			Sebastian, FL 32958
6) <input checked="" type="checkbox"/> Change	AS	Ronald Gabor	P.O. Box 648099
<input type="checkbox"/> Add			Vero Beach, FL 32964-8099
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

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

The Company is amending Article I of its Articles of Incorporation. The existing Article I is modified as follows: The name of this corporation is: GIS Antodiluvian #1, Inc.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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The date of each amendment(s) adoption: July 26, 2016, if other than the date this document was signed.

Effective date if applicable: July 26, 2016
(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 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 26, 2016

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)

Michael Gabor

(Typed or printed name of person signing)

President

(Title of person signing)

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