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COVER LETTER

TO: Amendment Section '
Division of Corporations

NAME OF CORPORATION:	KENNETH PLIMPTON, INC
DOCUMENT NUMBER:	P03000052840
The enclosed Articles of Amendmen	t and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
	DENISE KENNEDY
	Name of Contact Person
DIF	REST BUSINESS CONSULTING, INC
	Firm/ Company
	. 1515A RIDGEWOOD AVE
	Address
	HOLLY HILL, FL. 32117 City/ State and Zip Code
E-mail addres For further information concerning the	s: (to be used for future annual report notification) nis matter, please call:
DENISE KENNEDY	
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:
	Fee & Status Status Status Status (Additional copy is enclosed) S52.50 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

Articles of Amendment to **Articles of Incorporation**

KENNETH PLIMPTON, INC

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•	Articles of An	nenament		MENON 8 AM
•	Articles of Inco	rporation		AND.
	of			A For 8
	TH PLIMPTON	 		LAHAMA AM
(Name of Corporation as cu		<u>ihe Florida De</u>	ept. of State)	A Contract of the Contract of
	03000052840	. (10)		
(Document N	lumber of Corporati	on (if known)		
rsuant to the provisions of section 607.1 endment(s) to its Articles of Incorporation		es, this <i>Florid</i>	la Profit Corporation add	opts the following
If amending name, enter the new name	e of the corporation	<u>n:</u>		
ī	N/A			The new
Enter new principal office address, if a incipal office address MUST BE A STR. Enter new mailing address, if applical	EET ADDRESS)	N/A		- -
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	N/A		
				_
				_
If amending the registered agent and/o new registered agent and/or the new re			orida, enter the name of	<u>the</u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	(Flori	da street addre	ess)	
			, Florida	•
,				
	(City)		(Zip Code)	
w Registered Agent's Signature, if chan	•	gent:		

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
T	MATT MANDELL	4 CONCORD DRIVE ORMOND BEACH, FL, 32176	_ ☑ Add _ □ Remove
N/À	dditional sheets, if necessary). (Bo		
		·	
provisi (if n	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	ge, reclassification, or cancellation of is ent if not contained in the amendment	sued shares, itself:
N/A	· · · · · · · · · · · · · · · · · · ·		
			•

The date of each amendment	
ree ato dan te ît - bio.	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been acted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	KENNETH PLIMPTON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)