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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TIM KRO DOCUMENT NUMBER: POSOCO The enclosed Articles of Amendment and fee are sub						
Please return all correspondence concerning this mat	ter to the following:					
ROBER	Name of Contact Person T.L. WENZEL CPA, P.A. Firm/ Company 75 FRUITUILLE RD #200 Address SARASOTA, FL 34237 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARY JEAN WENZEL at (94) 952-5161 Name of Contact Person Area Code & Daytime Telephone Number						
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:						
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment to Articles of Incorporation of



15 FEB 10 PM 3: 30

TIM KRONE KITCHEN DE	
(Name of Corporation as currently filed with the	
(Document Number of Corporation	
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
KKB DESIGN IN	ICThe new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviation.	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_NA
(Timesput Office diddiess <u>into to the first fine to the first fir</u>	
C. Enter new mailing address, if applicable:) I A
(Mailing address MAY BE A POST OFFICE BOX)	<u> 4</u>
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
	<u></u>
	a street address)
New Registered Office Address: NA	, Florida
(0	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of New Register	ved Agent if changing

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	NA	NA	WA
Add			
Remove			
2) Change			•
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
NA					
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an amendment provides for an exch covisions for implementing the amer	ange, reclassifica	<u>tion, or cance</u>	ellation of	issued sha	res.
(if not applicable, indicate N/A)	idineit ii not coi	tamen in tile	amenung	nt itsen:	
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NA					
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FILLED
SECRETARY OF STAFL
DIVISION OF CORPORATION:
. if other the

the date of each amendment(s) add	ption:	<u> </u>			, ii other than i
date this document was signed.		15 FEB 10	PH	3:	30
Effective date if applicable:					
anceive date in appreciate.	(no more than 90 da	ys after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adop by the shareholders was/were suff		nber of votes cast for the amendmen	:(s)		
The amendment(s) was/were appromust be separately provided for e		voting groups. The following states separately on the amendment(s):	nent		
"The number of votes cast fo	or the amendment(s) was/were sul	ficient for approval			
by					
	(voting group)				
action was not required.		out shareholder action and shareholder hareholder action and shareholder	ler		
Dated Feb.	6,2015	-			
Signature Jim	6,2015 othy D Syon	· · · · · · · · · · · · · · · · · · ·			
(By a dire	ctor, pregraent or other officer -	if directors or officers have not beer	i		
	by an incorporator – it in the han if it is the han if it is the han it is in the han it is	ds of a receiver, trustee, or other cou	ırt		
пре по	e made may by that meaning)	•			
	TIMOTHY	W. KRONE			
	(Typed or printe	d name of person signing)			
_	PRES	SIDENT			
	(Title of	person signing)			